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**FILED** 

Jan 08, 2002 8:00 am

## 2002 UNIFORM BUSINESS REPORT (UBR)

P96000096042

**DOCUMENT #** 

SIGNATURE:

## **Secretary of State** 1. Entity Name 01-08-2002 90012 029 \*\*\*150.00 SPRUCE CREEK PREMIER HOMES, INC. Mailing Address Principal Place of Business 100 CESSNA BLVD 3149 ROYAL BIRKDALE WAY STE C DAYTONA BEACH FL 32124 DAYTONA BCH FL 3212 US 2. Principal Place of Bu 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-3411490 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLACKWELL, WALTER K Street Address (P.O. Box Number is Not Acceptable) 3149 ROYAL BIRKDALE WAY DAYTONA BEACH FL 32124 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) TITLE ☐ Delete TITLE Change ☐ Addition BLACKWELL, WALTER K NAME NAME 3149 ROYAL BIRKDALE WAY STREET ADDRESS STREET ADDRESS CR2E034 -128 CITY-ST-ZIP DAYTONA BEACH FL 32124 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Channe Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.