

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075731

1. Entity Name
CHEROKEE CREEK, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90091 012 ***150.00

Principal Place of Business

15440 CR 675
PARRISH FL 34219

Mailing Address

P.O. BOX 133
PARRISH FL 34219

2. Principal Place of Business

17607 White Fox Dr
Suite, Apt. #, etc.

3. Mailing Address

PO Box 223
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Parrish FL

City & State
Parrish FL

4. FEI Number 65-0780159

Applied For
Not Applicable

Zip 34219 Country USA

Zip 34219 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WELLS, LESLIE B
2019-5 ST. WEST
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name Wells, Leslie B
Street Address (P.O. Box Number is Not Acceptable)
18204 Coyote Creek Ct
Parrish FL 34219
City Parrish FL Zip Code 34219

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.

SIGNATURE Leslie B Wells

1/10/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, LESLIE B 2019-5 ST. WEST BRADENTON FL 34205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTIE, KATHERINE E P.O. BOX 172 (NA) ANNA MARIA FL 34216	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERUCCI, LOU PO BOX 14283 BRADENTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIGLIOTTI, JOE PO BOX 14792 BRADENTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Wells, Leslie B 18204 Coyote Creek Ct Parrish, FL 34219	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Christie, Katherine E 6604 Riverview Blvd Bradenton FL 34209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Leslie B Wells

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/01 941-776-5155

Date

Daytime Phone #

0544015

CR2E034 (10/00)