

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P97000092076**

1. Entity Name:

SOUTH CREEK, INC

Principal Place of Business:

Mailing Address:

361 Cezanne Drive**OSPREY, FL 34229**

2. Principal Place of Business:

3. Mailing Address:

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State:

City & State:

Zip:

Country:

Zip:

Country:

4. FEI Number:

05-0802471

Applied For:

Not Applicable

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

6. Name and Address of Current Registered Agent:

7. Name and Address of New Registered Agent:

**Intrastate Registered Agent Corp
701 Brickell Ave
Suite 3000
Miami 33131**

Name:

Street Address (P.O. Box Number is Not Acceptable):

City:

FL

Zip Code:

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:

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) ☐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	<input type="checkbox"/> Delete
	P STEVEN R DAY	361 CEZANNE DRIVE	OSPREY FL 34229	<input type="checkbox"/>
	UTS KATHLEEN R DAY	361 CEZANNE DRIVE	OSPREY FL 34229	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90008 046 ***150.00

00057699

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

4/28/00