## 2001-UNIFORM BUSINESS REPORT (UBR) Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P98000020663 1. Entity Name CREEKSIDE PARK, INC. 04-17-2001 90066 008 \*\*\*150.00 Mailing Address Principal Place of Business 950 NORTH ORLANDO-AVENUE #320 PO-BOX 4961-ORLANDO FL 32802 WINTER PARK-FL-92789 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE suite 104 suite 104 Applied For 4. FEI Number 59-3496155 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent **B&C CORPORATE SERVICES OF CENTRAL FLORIDA** Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVENUE **SUITE 1100** ORLANDO FL 32801 Zip Code t for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named ex SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE Delete TITLE NAME NAME PALMER, C. ANDREW 310 Waymont Court-Suite 104 STREET ADDRESS STREET ADDRESS 950 NORTH ORLANDO AVENUE #320 .. LAKE MARY, FL 32746 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Delete TITLE TITLE NAMÉ PALMER, CHARLES B NAME 310 WAYMONT COURT-Suite 104 STREET ADDRESS STREET ADDRESS 950 NORTH-ORLANDO AVENUE #320-CITY-ST-ZIP CITY ST-ZIP WINTER PARK PL 32789 ☐ Delete TITLE TITLE NAME DENTINGER, THOMAS A NAME STREET ADDRESS STREET ADDRESS 950 NORTH-ORLANDO AVENUE #320 CITY ST-ZIP CITY-ST-ZIP WINTER PARK-FL 32789 ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP I hereby certify that the information expelied with this liting 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: