2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFORM BUSINESS REPORT (UBR)											\mathbf{F}	ILI	EI)			
DOCUMENT # P98000081467 1. Entity Name									Jan 12, 2000 8:00 am Secretary of State								
MILL CR	EEK RAN	CH, INC.												***150			
Principal Plac	e of Business	5		Mailing Address													
21901 NW COUNTY RD. 241 ALACHUA FL 32616				P.O. BOX 1252 ALACHUA FL 32616-1252								A 0	00	0923			
2. Principal Place of Business				3. Mailing Address											7,044		
Suite, Apt. #, etc.				Suite, Apt. #, etc.						DO	у тои с	RITE IN	THIS	SPACE			
City & State				City & State				4. FI	El Numbe	59	-3543	793		: :		led For	
Zip	Zip Country			Zip	Coun	untry			ertificate (of Statu	s Desire	d [ב- כ	\$8.75 / Fee Requ	Additio		
	6. Name	and Address of C	urrent Re	gistered Agent		Name		7. N	ame and	Addres	s of Nev	v Regist	ered	Agent			
RUSHING, WINSTON 21901 NW COUNTY RD. 241 ALACHUA FL 32616							ddress (P.	O. Bo	x Numbe	is Not	 Accepta	ble)					
				•		City							FL	Zip C	ode		
8. The above	named entity	y submits this state	ment for th	e purpose of changing its	registere	ed office or	registere	d age	nt, or both	n, in the	State of	Florida.					
SIGNATURE.	Signature typed	or printed name of registe	red agent and i	utle if applicable. (NOT)	E: Registere	d Agent signatu	re required v	vhen reir	nstating)				DATE				
	oration is eligi	ible to satisfy its Int	angible	FILE NOW!	!! FEE	IS \$150.0)0			ction Ca	ampaign	Financir		 \$5	.00	Мау Ве	
<u> </u>				Make Check Payab	le to De	Fee will be \$550.00 to Department of State					Contribu					Fees	
11.	D	OFFICEF	S AND DIF		12.	- 1	Г	ADI	DITIONS/	CHANG	ies to c	FFICER	SANE	DIRECTO		N 11	
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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 eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 is changed, or on an attachment with an address with all other keempowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR