

2001 UNIFORM BUSINESS REPORT (UBR)

0013736

DOCUMENT # P99000035303

1. Entity Name

ROCK CREEK CAPITAL GROUP, INC.

Principal Place of Business

1200 RIVERPLACE BLVD., SUITE 902
JACKSONVILLE FL 32207

Mailing Address

1200 RIVERPLACE BLVD., SUITE 902
JACKSONVILLE FL 32207

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 59-3580868

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 CORPORATION
701 BRICKELL AVENUE SUITE 300
MIAMI FL 33131-3209

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
D CAHOON, ARTHUR L
STREET ADDRESS 1200 RIVERPLACE BLVD., SUITE 902
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE NAME ☐ Change ☒ Addition
Vice President
NAME Hudson, Michael A.
STREET ADDRESS 1200 Riverplace Blvd. Suite 902
CITY-ST-ZIP Jacksonville, FL 32207

TITLE NAME ☐ Delete
D DAHL, JAMES H
STREET ADDRESS 1200 RIVERPLACE BLVD., SUITE 902
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
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.

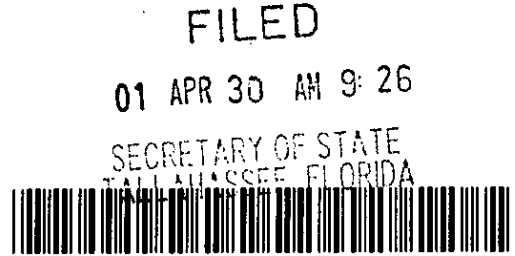
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE