

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90124 035 ***150.00

DOCUMENT # P99000070280

1. Entity Name
REEDY CREEK REALTY COMPANY

Principal Place of Business

103 W. OAK STREET
SUITE C-3
KISSIMMEE FL 34741

Mailing Address

103 W. OAK STREET
SUITE C-3
KISSIMMEE FL 34741

2. Principal Place of Business

3. Mailing Address

6153 S. ORANGE BLOSSOM TR.
 Suite, Apt. #, etc.

P.O. BOX 421305
 Suite, Apt. #, etc.

City & State

City & State

DAVENPORT FL

KISSIMMEE FL

Zip

Country

Zip

Country

33896

OSCEOLA

34742

OSCEOLA

6. Name and Address of Current Registered Agent

CAMPBELL, TIMOTHY P
103 W. OAK STREET
SUITE C-3
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name

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

6153 S. ORANGE BLOSSOM TR.

City

DAVENPORT

FL

Zip Code

33896

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

Timothy P. Campbell *Timothy P. Campbell*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CAMPBELL, TIMOTHY P**
STREET ADDRESS **103 W OAK STREET C-3**
CITY-ST-ZIP **KISSIMMEE FL 34741**

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

TITLE **VPST** ☐ Delete
NAME **CAMPBELL, TIMOTHY P**
STREET ADDRESS **103 W OAK STREET C-3**
CITY-ST-ZIP **KISSIMMEE FL 34741**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ 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:

Timothy P. Campbell *Timothy P. Campbell* **ST**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-02

407-847-6767

CR2E034 (9/01)