

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2000 8:00 am**
Secretary of State

04-24-2000 90200 026 ***150.00

DOCUMENT # P99000110240

1. Entity Name

EDWARDS CREEK, INC.

Principal Place of Business

Mailing Address

**9551 BAYMEADOWS RD., STE. 4
JACKSONVILLE FL 32256****9551 BAYMEADOWS RD., STE. 4
JACKSONVILLE FL 32256**

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

59-3627042

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

**HURST, CHRISTOPHER J
4540 SOUTHSIDE BLVD., STE. 302
JACKSONVILLE FL 32216**

Name

STOKES, E. CHESTER, JR.

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

9551 BAYMEADOWS RD., SUITE 4

City

JACKSONVILLE**FL**Zip Code
32256

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)

3/31/00

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and effects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	HURST, CHRISTOPHER J	4540 SOUTHSIDE BLVD., STE. 302	JACKSONVILLE FL 32216	<input checked="" type="checkbox"/> Delete	DP	STOKES, E. CHESTER, JR.	9551 BAYMEADOWS RD., SUITE 4 JACKSONVILLE, FL 32256
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
				<input type="checkbox"/> Delete	DV	BERGMANN, THOMAS C.	9551 BAYMEADOWS RD., SUITE 4 JACKSONVILLE, FL 32256
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
				<input type="checkbox"/> Delete	V	BRAREN, MICHAEL E.	9551 BAYMEADOWS RD., SUITE 4 JACKSONVILLE, FL 32256
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
				<input type="checkbox"/> Delete	V	WALLACE, L. DENISE	9551 BAYMEADOWS RD., SUITE 4 JACKSONVILLE, FL 32256
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
				<input type="checkbox"/> Delete	VT	FREDENHAGEN, SHARON W.	9551 BAYMEADOWS RD., SUITE 4 JACKSONVILLE, FL 32256
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
				<input type="checkbox"/> Delete	S	HICE, SHERRY	9551 BAYMEADOWS RD., SUITE 4 JACKSONVILLE, FL 32256
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			

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

Sherry Hice, Secretary

3/31/00

Date

904/739-2249

Daytime Phone #

CR2E034 (9/99)