

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2001 8:00 am**  
**Secretary of State**

06-08-2001 90161 016 \*\*\*150.00

**DOCUMENT # V04923**

1. Entity Name

**LAUREL CREEK, INCORPORATED**

Principal Place of Business

Mailing Address

265 ALTERNATE 19  
 PALM HARBOR FL 34683

265 ALTERNATE 19  
 PALM HARBOR FL 34683

2. Principal Place of Business

3. Mailing Address

**1026 Florida Ave**

**P.O. Box 347**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite B**

City & State

City & State

**Palm Harbor FL**

**Crystal Beach FL**

Zip

Country

Zip

Country

**34683**

**Pinellas**

**34681**

**Pinellas**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALHOUN, DONALD M.**  
**265 ALTERNATE 19**  
**PALM HARBOR FL 34683**

Name **Don**

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	DP	<input type="checkbox"/> Delete
NAME	CALHOUN, DONALD M.	
STREET ADDRESS	265 ALTERNATE 19	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KATE M. CALHOUN	
STREET ADDRESS	265 ALTERNATE 19	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, MERLE D.	
STREET ADDRESS	7820 WIRE RD., LOT 72	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALHOUN, KATHY M.	
STREET ADDRESS	38620 A. P. HILL RD, LOT 72	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, DARLENE O.	
STREET ADDRESS	38620 A. P. HILL RD. LOT 72	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 SIGNING OFFICER OR DIRECTOR

**4-27/01** **727 784-4212**

CR2034 (10/00)