

2001 UNIFORM BUSINESS REPORT (UBR)

3/3

FILED

Apr 19, 2001 8:00 am
Secretary of State

03-30-2001 90333 041 ***150.00

DOCUMENT # V08887

1. Entity Name

SWAMP CREEK PRESERVE, INC.

Principal Place of Business

Mailing Address

1704 RIGGINS ROAD
TALLAHASSEE FL 32308

1704 RIGGINS ROAD
TALLAHASSEE FL 32308

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 59-3102640

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

OLIVE, CAROLYN D
227 SOUTH CALHOUN STREET
TALLAHASSEE FL

Name - Guyte McLeod
Street Address (P.O. Box Number is Not Acceptable)

210 S Monroe St

City Tallahassee, FL Zip Code 32301

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 filer if applicable.

Guyte P. McLeod III
Guyte P. McLeod III, Registered Agent
DATE Apr 9

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 D
NAME HILL, LOUIS JR M.D.
STREET ADDRESS 1704 RIGGINS ROAD
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

9 April 2001, 850-8772126
Date Daytime Phone #

CR2E034 (10/00)