

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760391

1. Entity Name

CREATIVE CRAFT CO-OP, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90125 018 ****61.25

Principal Place of Business

5855 TALLOWOOD CIR SW
FT MYERS FL 33919
US

Mailing Address

5855 TALLOWOOD CIR SW
FT MYERS FL 33919-3466
US

2. Principal Place of Business

4509 Beechwood LAKE DR. N.
Suite, Apt. #, etc.

3. Mailing Address

4509 Beechwood Lake DR. N.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Naples Florida
Zip
34112
Country
Collier

City & State
Naples Florida
Zip
34112
Country
Collier

4. FEI Number
65-0043241

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FOSTER, V.C.
5855 TALLOWOOD CIRCLE SW
FT. MYERS FL 33919

7. Name and Address of New Registered Agent

Name **W. F. WAHL**
Street Address (P.O. Box Number is Not Acceptable)
4509 Beechwood Lake DR. N.
City **Naples** FL Zip Code **34112**

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

W. F. WAHL

DATE **1/9/2000**

**FILE NOW:
FEE IS \$61.25**

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	WILLS, BETTY	
STREET ADDRESS	5266 NAUTILUS DR	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, V.C.	
STREET ADDRESS	5855 TALLOWOOD CIRCLE	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BEATTY, CLEON	
STREET ADDRESS	144 EVERGREEN DR.	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OPTENBERG, CLAUDIA	
STREET ADDRESS	19149 INDIANWELLS COURT NW	
CITY-ST-ZIP	NORTH FT. LAUDERDALE FL 33903	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINDSLY, IRMA	
STREET ADDRESS	2329 QUEENS WAY	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAHL, W. F.	
STREET ADDRESS	4509 BEECHWOOD LAKE DRIVE N.	
CITY-ST-ZIP	Naples, FL 34112	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/2000

Date

941-732-7120

Daytime Phone #

CR2E037 (9/99)