

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760391

1. Entity Name

CREATIVE CRAFT CO-OP, INC.

Principal Place of Business

4509 BACKWOOD LAKE DR  
NAPLES FL 34112  
US

Mailing Address

4509 BACKWOOD LAKE DR  
NAPLES FL 34112  
US

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

65-0043241

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

WAHL, WF  
4509 BACKWOOD LAKE DR N  
NAPLES FL 34112

Name

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

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 type="checkbox"/> Delete
NAME	WAHL, W F	
STREET ADDRESS	4509 BEACHWOOD LANE DR N	
CITY-ST-ZIP	NAPLES FL 34112	
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		<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 19, 2001 8:00 am  
Secretary of State

01-19-2001 90024 040 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)