

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005446

1. Entity Name

CREATIVE COMPUTER APPLICATIONS, INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90072 044 \*\*\*150.00

Principal Place of Business

Mailing Address

26115-A MUREAU RD.  
CALABASAS CA 91302

26115-A MUREAU RD.  
CALABASAS CA 91302-3179

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

95-3353465

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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

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, 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	POC BESBECK, STEVEN M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESBECK, STEVEN M		NAME	
STREET ADDRESS	26115-A MUREAU RD.		STREET ADDRESS	
CITY-ST-ZIP	CALABASAS CA 91302		CITY-ST-ZIP	
TITLE	VSD HELMS, JAMES R	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMS, JAMES R		NAME	
STREET ADDRESS	26115-A MUREAU RD.		STREET ADDRESS	
CITY-ST-ZIP	CALABASAS CA 91302		CITY-ST-ZIP	
TITLE	DC MILLER, BRUCE M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, BRUCE M		NAME	
STREET ADDRESS	26115-A MUREAU RD.		STREET ADDRESS	
CITY-ST-ZIP	CALABASAS CA 91302		CITY-ST-ZIP	
TITLE	D SCHMID, LAWRENCE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMID, LAWRENCE S		NAME	
STREET ADDRESS	6242 WESTCHESTER PKWY., #100		STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90045		CITY-ST-ZIP	
TITLE	D FOGERSON, ROBERT S JR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOGERSON, ROBERT S JR		NAME	
STREET ADDRESS	13100 BRENWOOD CIRCLE		STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN 55343		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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

Date

Daytime Phone #

CR2E034 (9/99)

818-880-6700

Steven M Besbeck, Pres. 2/29/00