

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H61079

1. Entity Name

CREATIVE INSURANCE UNDERWRITERS, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90008 006 \*\*\*150.00

Principal Place of Business

Mailing Address

7265 ESTAPONA CIRCLE, STE. 101  
 FERN PARK FL 32730  
 US

7265 ESTAPONA CIRCLE, STE. 101  
 FERN PARK FL 32730-2349  
 US

2. Principal Place of Business

3. Mailing Address

2475 Aloma Avenue  
 Suite, Apt. #, etc.

P.O. Box 5900  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Winter Park FL

Winter Park FL

4. FEI Number

59-2548714

Applied For

Not Applicable

Zip

Country

Zip

Country

32792 Orange

32793-5900 Orange

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

FELDMAN, EVAN M  
 5975 SUNSET DRIVE, SUITE 604  
 SOUTH MIAMI FL 33143

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 P ☐ Delete  
 NAME GEORGE, JOHN  
 STREET ADDRESS 2400 MAITLAND CENTER PKWY., SUITE 315  
 CITY-ST-ZIP MAITLAND FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS 2475 Aloma Avenue  
 CITY-ST-ZIP Winter Park, FL 32792

TITLE V ☐ Delete  
 NAME BRILLIANT, ROBERT  
 STREET ADDRESS 2400 MAITLAND CENTER PKWY., SUITE 315  
 CITY-ST-ZIP MAITLAND FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS 2475 Aloma Avenue  
 CITY-ST-ZIP Winter Park, FL 32792

TITLE S ☐ Delete  
 NAME JASKOWIAK, JENNIFER  
 STREET ADDRESS 7265 7265 ESTAPONA CIR, STE. 101  
 CITY-ST-ZIP FERN PARK FL 32730

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS 2475 Aloma Avenue  
 CITY-ST-ZIP Winter Park, FL 32792

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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:

Jennifer Taskowick 4/21/00 407 667-0023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E034 (9/99)