

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H61079

1. Entity Name

CREATIVE INSURANCE UNDERWRITERS, INC.

FILED

Apr 04, 2001 8:00 am  
Secretary of State

04-04-2001 90145 023 \*\*\*150.00

Principal Place of Business

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

Mailing Address

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

00044440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2475 Aloma Avenue

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5900

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FEI Number

59-25487-14

Applied For

Not Applicable

Zip

Country

32792 USA

Zip

Country

32793-5900 USA

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, 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	P	<input type="checkbox"/> Delete
NAME	GEORGE, JOHN	
STREET ADDRESS	2400 MAITLAND CENTER PKWY., SUITE 315	
CITY-ST-ZIP	MAITLAND FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BRILLIANT, ROBERT	
STREET ADDRESS	2400 MAITLAND CENTER PKWY., SUITE 315	
CITY-ST-ZIP	MAITLAND FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JASKOWIAK, JENNIFER	
STREET ADDRESS	7265 7265 ESTAPONA CIR, STE. 101	
CITY-ST-ZIP	FERN PARK FL 32730	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)