2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 01, 2000 8:00 am
Secretary of State
09-01-2000 90004 025 ***550.00

U0082976

DO NOT WRITE IN THIS SPACE

DOCUMENT # H94165

1. Entity Name
CREATIVE LEARNING CENTER OF FLORIDA, INC. ✓

Principal Place of Business	Mailing Address
% FRED SCOFIELD 4970 82ND AVE. N. PINELLAS PARK FL 33781 US	4970 82ND AVE NO PINELLAS PRK FL 33781 US

2. Principal Place of Business	3. Mailing Address
4970 82ND AVE N.	2951 BETHANY PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PINELLAS PARK FL	City & State: CLEARWATER FL
Zip: 33781 Country: U.S.A.	Zip: 33759 Country: U.S.A.

4. FEI Number 59-2692234 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCOFIELD, FRED
2951 BETHANY PLACE
CLEARWATER FL 34619

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) N/A
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] F. A. SCOFIELD PRESIDENT 7/6/2000
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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SCOFIELD, FRED		NAME		
STREET ADDRESS	4970 82ND AVE. N.		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SCOFIELD, PATRICIA		NAME		
STREET ADDRESS	4970 82ND AVE. N.		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (5/00)

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] REQUIRED 8/30/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #