

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M43939

1. Entity Name

INSTITUTE FOR CREATIVE LIVING, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90007 030 ***150.00

Principal Place of Business

Mailing Address

3324 W. UNIVERSITY AVE
GAINESVILLE FL 32607
US

3324 W. UNIVERSITY AVE
GAINESVILLE FL 32607-2540
US

031121



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14260 W. Newberry Rd

3. Mailing Address

14260 W. Newberry Rd

Suite, Apt. #, etc.

345

Suite, Apt. #, etc.

345

City & State

Newberry FL

City & State

Newberry FL

4. FEI Number

59-2757587

Applied For

Not Applicable

Zip

Country

32669

US

Zip

Country

32669

US

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

DOW, JEFFREY L.

3324 W. UNIVERSITY
3324 W. UNIVERSITY
GAINESVILLE FL 32605

14260 W. Newberry Rd
345
Newberry FL 32669

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 PD ☐ Delete
NAME DOW, JEFFREY L.
STREET ADDRESS 3324 UNIVERSITY AVE PMB105
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE PD ☒ Change ☐ Addition
NAME DOW, JEFFREY L.
STREET ADDRESS 14260 W. Newberry Rd #345
CITY-ST-ZIP Newberry FL 32669

TITLE STD ☐ Delete
NAME DOW, MARTY V.
STREET ADDRESS 3324 UNIVERSITY AVE PMB105
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE STD ☒ Change ☐ Addition
NAME DOW, MARTY V.
STREET ADDRESS 14260 W. Newberry Rd #345
CITY-ST-ZIP Newberry FL 32669

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition
NAME Tricia Sample
STREET ADDRESS 3616 NW 18605
CITY-ST-ZIP Newberry FL 32669

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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:

Tricia Sample
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/00 352-
472-5836

CR2E034 (9/99)