

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M43939

FILED  
Apr 09, 2002 8:00 AM  
Secretary of State

Entity Name: INSTITUTE FOR CREATIVE LIVING, INC.

## Current Principal Place of Business:

14260 W. NEWBORY RD  
#345  
NEWBERRY, FL 32669 US

## Current Mailing Address:

14260 W. NEWBORY RD  
#345  
NEWBERRY, FL 32669 US

FEI Number: 59-2757587

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

14260 W. NEWBERRY RD  
#345  
NEWBERRY, FL 32669 US

## New Mailing Address:

14260 W. NEWBERRY RD  
#345  
NEWBERRY, FL 32669 US

## Name and Address of Current Registered Agent:

DOW, JEFFREY L.  
14260 W. NEWBERRY RD  
#345  
NEWBERRY, FL 32669

## Name and Address of New Registered Agent:

DOW, JEFFREY L.  
14260 W. NEWBERRY RD  
#345  
NEWBERRY, FL 32669

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:

04/09/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DOW, JEFFREY L.,  
Address: 14260 W NEWBERRY RD #345  
City-St-Zip: NEWBERRY, FL 32669

Title: STD ( ) Delete  
Name: DOW, MARTY V.,  
Address: 14260 W NEWBERRY RD #345  
City-St-Zip: NEWBERRY, FL 32669

Title: VP ( ) Delete  
Name: SAMPLE, TRICIA  
Address: 3616 NW 186 ST  
City-St-Zip: NEWBERRY, FL 32669

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTY VARNADOE DOW

SDT

04/09/2002

Electronic Signature of Signing Officer or Director

Date