

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90088 027 ****61.25

DOCUMENT # N03932

1. Entity Name
CREATIVE ARTISTS GUILD, INC.

Principal Place of Business DUNEDIN PUBLIC LIBRARY 223 DOUGLAS AVE. DUNEDIN FL 34698	Mailing Address P.O. BOX 2052 DUNEDIN FL 34697-2052
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2424558		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
MASON, JOSEPH C. JR. 18167 US HWY 19 N. CLEARWATER FL 34624				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITRUZZELLO, DOLORES		NAME	ELAINE MCCORMICK	
STREET ADDRESS	2029 PLATEAU ROAD		STREET ADDRESS	2258 EDYTHE DR.	
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP	DUNEDIN FL. 34698	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORMICK, ELAINE		NAME	MARILYN DUNNIGAN	
STREET ADDRESS	2258 EDYTHE DR.		STREET ADDRESS	1536 ILLINOIS AVE	
CITY-ST-ZIP	DUNEDIN FL 34698		CITY-ST-ZIP	PALM HARBOR FL. 34683	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUMMINGS, DOROTHY		NAME	Shirley Law	
STREET ADDRESS	626 FREDRICA LA		STREET ADDRESS	860 VIRGINIA AVE	
CITY-ST-ZIP	DUNEDIN FL		CITY-ST-ZIP	DUNEDIN FL. 34698	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOLTZE, SALLY		NAME	JANE LAWSON	
STREET ADDRESS	2725 COUNTRYSIDE BLVD		STREET ADDRESS	905 OAKVIEW RD.	
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP	TARPOON SPRINGS FL. 34689	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORSCH, ELSA		NAME	Sally Phillips	
STREET ADDRESS	2751 REGENCY OAKS BLVD. S- 405		STREET ADDRESS	2655 Seabee DR.	
CITY-ST-ZIP	CLEARWATER FL 33259		CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		<input type="checkbox"/> Delete	TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	HELEN SAVAGE	
STREET ADDRESS			STREET ADDRESS	2527 STONYBROOK LA.	
CITY-ST-ZIP			CITY-ST-ZIP	CLEARWATER FL 33761	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)