

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27735

1. Entity Name

THE CREATIVE CLUB OF ORLANDO, INC.

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

02-03-2000 90018 018 ****61.25

Principal Place of Business

Mailing Address

% THUAN NGUYEN
P.O. BOX 2505
ORLANDO FL 32802-2505

% THUAN NGUYEN
P.O. BOX 2505
ORLANDO FL 32802-2505

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2929526

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NGUYEN, THUAN
% MAGIC PENCIL STUDIOS
649 VASSAR ST
ORLANDO FL 32804

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME NGUYEN, THUAN
STREET ADDRESS 12731 WOODBURY OAKS DR
CITY-ST-ZIP ORLANDO FL 32828

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

TITLE ☒ Delete
NAME WIDERMANN, BARBARA
STREET ADDRESS 1917 E. WASHINGTON ST
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☒ Change ☐ Addition
NAME Ed McDonald
STREET ADDRESS Vice-President
1917 E. Washington Ave
CITY-ST-ZIP Orlando FL 32803

TITLE ☐ Delete
NAME SCHREINER, ERIC
STREET ADDRESS 2080 HUNTERFIELD RD
CITY-ST-ZIP MAITLAND FL 32751

TITLE ☒ Change ☐ Addition
NAME Barbara Widermann
STREET ADDRESS Treasurer
1917 E. Washington St
CITY-ST-ZIP Orlando FL 32803

TITLE ☐ Delete
NAME HARTMAN, LINDA
STREET ADDRESS 649 VASSAR ST
CITY-ST-ZIP ORLANDO FL 32804

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

TITLE ☐ Delete
NAME HERRICK, DAVID
STREET ADDRESS 205 OGLETHORPE
CITY-ST-ZIP ORLANDO FL 32804

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

TITLE ☐ Delete
NAME WINTERS, KRIS
STREET ADDRESS 8188 LK SERENE DR
CITY-ST-ZIP ORLANDO FL 32836

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #