

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90075 034 ****61.25

DOCUMENT # N34575

1. Entity Name

CENTRAL FLORIDA WORLD CLOWNS, INC.

Principal Place of Business

Mailing Address

611 N. MILLS AVE.
 P. O. BOX 536427
 ORLANDO FL 32853-6427
 US

611 N. MILLS AVE.
 P. O. BOX 536427
 ORLANDO FL 32853-6427
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2971982

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLENWOOD, LUCILLE
3180 BARBADOS COURT
APOPKA FL 32703

Name

TERRY, BILL

Street Address (P.O. Box Number is Not Acceptable)

696 BERWICK DRIVE

City

WINTER PARK

FL

Zip Code
32792

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

William Terry

3/13/00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	ELLENWOOD, LUCILLE	
STREET ADDRESS	3180 BARBADOS CT	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	TERRY, BILL	
STREET ADDRESS	696 BERWICK DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	IGO, ELLA	
STREET ADDRESS	173 WILLOW AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SANGREY, CAROLYN	
STREET ADDRESS	3306 PERSHING AVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JORDAN, EMILIE	
STREET ADDRESS	2938 ROUNDABOUT LN	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KAPLAN, GERALDINE	
STREET ADDRESS	536 #22 ORANGE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	

TITLE	PO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY, BILL	
STREET ADDRESS	696 BERWICK DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEINZELMAN, SHIRLEY	
STREET ADDRESS	115 OAKLAND AVE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA WHITECOTT	
STREET ADDRESS	8428 LAKE LUXY DRIVE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLENWOOD, LUCILLE	
STREET ADDRESS	3180 BARBADOS CT	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Geraldine Kaplan 3-13-00 407-767-0605