

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90099 043 ****61.25

DOCUMENT # N34575

1. Entity Name

CENTRAL FLORIDA WORLD CLOWNS, INC.

Principal Place of Business

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

Mailing Address

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TERRY, BILL
696 BERWICK DRIVE
WINTER PARK FL 32792

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 **D** ☐ Delete
 NAME **ELLENWOOD, LUCILLE**
 STREET ADDRESS **3180 BARBADOS CT**
 CITY-ST-ZIP **APOPKA FL 32703**

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

TITLE **PD** ☐ Delete
 NAME **TERRY, BILL**
 STREET ADDRESS **696 BERWICK DRIVE**
 CITY-ST-ZIP **WINTER PARK FL 32792**

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

TITLE **VPD** ☐ Delete
 NAME **IGO, ELLA**
 STREET ADDRESS **173 WILLOW AVE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

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

TITLE **VD** ☐ Delete
 NAME **HEINZELMAN, SHIRLEY**
 STREET ADDRESS **115 OAKLAND AVE**
 CITY-ST-ZIP **SANFORD FL 32773**

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

TITLE **SD** ☒ Delete
 NAME **WHITECOTTON, LINDA**
 STREET ADDRESS **8428 LAKE LUCY DR**
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **SD** ☐ Change ☒ Addition
 NAME **BURNS, CAROLE**
 STREET ADDRESS **1103 AVENUE F**
 CITY-ST-ZIP **ORLANDO BEACH, FL 32174**

TITLE **TD** ☒ Delete
 NAME **KAPLAN, GERALDINE**
 STREET ADDRESS **536 #22 ORANGE DRIVE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **TD** ☐ Change ☒ Addition
 NAME **FISH, BOBBIE**
 STREET ADDRESS **1419 CAEST DRIVE**
 CITY-ST-ZIP **TITUSVILLE, FL 32780**

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: *Barbara Ellenwood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/01

CR2E037 (10/00)