

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90356 028 ****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

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 **VPD** ☒ Change ☐ Addition
NAME **.I**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **D** ☒ 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 **PP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **BURNS, CAROLE**
STREET ADDRESS **1103 AVENUE F**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **SD** ☐ Change ☒ Addition
NAME **KAPLAN, GERALDINE**
STREET ADDRESS **536 #22 ORANGE DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **TD** ☒ Delete
NAME **FISH, BOBBIE**
STREET ADDRESS **1419 CREST DR**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **TD** ☐ Change ☒ Addition
NAME **HERLEY, DAN**
STREET ADDRESS **1025 ECOMOCK HATCHER TRAIL**
CITY-ST-ZIP **ORLANDO, FL 32825**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Change ☒ Addition
NAME **LEMOINE, THOMAS**
STREET ADDRESS **7018 LAKE MARSHALL DR.**
CITY-ST-ZIP **ORLANDO, FL 32819**

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: *ELLA M. IGO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

13-11-02 1407-886-896

CR2E037 (9/01)