

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000493

1. Entity Name

CREATIVE PLAYGROUND OF FT PIERCE, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90212 049 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2601 S INDIAN RIVER DR  
 FT PIERCE FL 34982

2601 S INDIAN RIVER DR  
 FT PIERCE FL 34950-5910

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0373083

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

ABERNETHY, BRUCE R  
 900 VIRGINIA AVE  
 STE 6  
 FT PIERCE FL 34982

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 PD ☐ Delete  
 NAME FURST, WILLIAM  
 STREET ADDRESS 2601 S INDIAN RIVER DR  
 CITY-ST-ZIP FT PIERCE FL

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

TITLE VD ☐ Delete  
 NAME ABERNETHY, BRUCE R JR  
 STREET ADDRESS 3609 E WILDERNESS DR  
 CITY-ST-ZIP FT PIERCE FL

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

TITLE TD ☐ Delete  
 NAME HANKLE, DAVE  
 STREET ADDRESS 100 S. 2ND ST.  
 CITY-ST-ZIP FT PIERCE FL 34950

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

TITLE D ☐ Delete  
 NAME DAVIS, DOUG  
 STREET ADDRESS 2201 ATLANTIC BEACH BLVD.  
 CITY-ST-ZIP FT PIERCE FL 34949

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

TITLE D ☐ Delete  
 NAME COLEMAN, DEBBIE  
 STREET ADDRESS 5410 DEER RUN ROAD  
 CITY-ST-ZIP FT PIERCE FL 34950

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce R. Abernethy Jr. - VP

4-26-00

Date

561 489 4901

Daytime Phone #

CR2E037 (9/99)