

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000017623

1. Entity Name

CREATIVE CHILD PRESCHOOL INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90046 013 ***150.00

Principal Place of Business

Mailing Address

9675 WESTVIEW DR
CORAL SPRINGS FL 33076

9675 WESTVIEW DR
CORAL SPRINGS FL 33076-2513

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0739572

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

AUFRICTIG, JOAN M.

~~16602 SADDLE CLUB RD~~

~~WESTON FL 33326~~

150 Weston Rd.
Sunrise FL 33326

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete

NAME AUFRICTIG, JOAN M

STREET ADDRESS ~~16602 SADDLE CLUB ROAD~~

CITY-ST-ZIP ~~WESTON FL 33326~~

TITLE P ☐ Delete

NAME AGER, BRIAN

STREET ADDRESS ~~16601 SADDLE CLUB ROAD~~

CITY-ST-ZIP ~~WESTON FL 33326~~

TITLE ST ☐ Delete

NAME AGER, EILEEN

STREET ADDRESS ~~16602 SADDLE CLUB ROAD~~

CITY-ST-ZIP ~~WESTON FL 33326~~

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME *Deputy Pres. JOAN M. AUFRICTIG*

STREET ADDRESS *150 WESTON RD.*

CITY-ST-ZIP *SUNRISE FL 33326*

TITLE ☐ Change ☐ Addition

NAME *Pres. Brian R. Ager*

STREET ADDRESS *150 WESTON RD.*

CITY-ST-ZIP *SUNRISE, FL 33326*

TITLE ☐ Change ☐ Addition

NAME *Vice Pres. EILEEN C. AGER*

STREET ADDRESS *150 WESTON RD.*

CITY-ST-ZIP *SUNRISE FL 33326*

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

CR2E034 (9/99)