

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010563

1. Entity Name

CREATIVWORKS GALLERIES, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90004 013 ***150.00

Principal Place of Business

139 BAREFOOT CIRCLE
BONITA SPRINGS FL 34134

Mailing Address

139 BAREFOOT CIRCLE
BONITA SPRINGS FL 34134-8535

2. Principal Place of Business

6304 Benjamin Rd

Suite, Apt. #, etc.

Suite 507

City & State
Tampa FL

Zip
33634

Country
USA

3. Mailing Address

6304 Benjamin Rd

Suite, Apt. #, etc.

Suite 507

City & State
Tampa FL

Zip
33634

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0891251

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WINDFELDT, GENE	
STREET ADDRESS	139 BAREFOOT CIRCLE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	WINDFELDT, MICHAEL	
STREET ADDRESS	139 BAREFOOT CIRCLE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WINDFELDT, GREGORY	
STREET ADDRESS	139 BAREFOOT CIRCLE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gene Windfeldt	
STREET ADDRESS	109 Felipe Lane	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Windfeldt, Michael	
STREET ADDRESS	502 South Fremont Ave. #138	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Windfeldt, Gregory	
STREET ADDRESS	109 Felipe Lane	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Windfeldt, Steven	
STREET ADDRESS	5216 Harborside Dr.	
CITY-ST-ZIP	Tampa, FL 33615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Gene Windfeldt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-00

813-249-5880

Date

Daytime Phone #

CR2E034 (9/99)