

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063018

1. Entity Name

NEW CREATION PUBLISHING, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90371 019 ***158.75

960632



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1016 KERWOOD CIR. OVIEDO FL 32765		Mailing Address 1016 KERWOOD CIR. OVIEDO FL 32765	
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 59-3589658		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent

**GLAVIN, GRACE A ESQ.
1340 TUSKAWILLA RD.
WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
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 re-registering)

Date

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



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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, IF ANY	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D VANDERIJ, JON C 1016 KERWOOD CIR. OVIEDO FL 32765 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

Jon C Vande Riet Jon C Vande Riet 4/17/01

Date

Daytime Phone

407-917
3186

CR2E034 (10/00)