

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90008 026 ***150.00

DOCUMENT # P99000067881

1. Entity Name

CREATIVE ADMINISTRATION ASSOCIATES, INC.

Principal Place of Business

Mailing Address

100 SYCAMORE CT
 PALM HARBOR FL 34683

100 SYCAMORE CT
 PALM HARBOR FL 34683-3022

2. Principal Place of Business

4485 GLENBROOK DRIVE

3. Mailing Address

4485 GLENBROOK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Palm Harbor FL

City & State
Palm Harbor, FL

4. FEI Number

59-3590409

Applied For

Not Applicable

Zip
34683

Country

USA

Zip
34683

Country

USA

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

**SILBERMANN, GALE
 2600 MCCORMICK DR
 PRESTIGE PLACE I, SUITE 230
 CLEARWATER FL 33579**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZWEBEN, ARNOLD P	NAME	
STREET ADDRESS	4485 GLENBROOK DR	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JOHN M	NAME	
STREET ADDRESS	3623 S RENELLIE DR	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, JAMES	NAME	
STREET ADDRESS	4448 GLENBROOK DR	STREET ADDRESS	
CITY-ST-ZIP	PALMHARBOR FL 34683	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, CHRIS	NAME	
STREET ADDRESS	100 SYCAMORE CT	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILBERMANN, GALE	NAME	
STREET ADDRESS	2600 MCCORMICK PL, SSUITE 230	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33759	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRELL, WILLIAM	NAME	
STREET ADDRESS	1509 W SWANN AVE, SUITE 100	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	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:

ARNOLD P. ZWEBEN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00 **707-937-2299**
 Date Daytime Phone #

CR2E034 (9/99)