

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90228 032 ***150.00

DOCUMENT # S10492

1. Entity Name
CENTER FOR CREATIVE LEARNING, INC.

Principal Place of Business

~~4152 INDEPENDENCE CT STE C-7~~
SARASOTA FL 34234

Mailing Address

P O BOX 14100 NE PLAZA
SARASOTA FL 34278-4100

861069



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4921 Ringwood Meadow

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0230000

Applied For

Not Applicable

Zip **34235**

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DUMBAUGH, JOHN D
1900 RINGLING BLVD
SARASOTA FL 34236

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, 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, 2002 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 **DS** ☐ Delete
 NAME **WITTIG, CAROL**
 STREET ADDRESS **323 WELLINGTON**
 CITY-ST-ZIP **KENMORE NY**

TITLE **DV** ☐ Delete
 NAME **ISAKSEN, SCOTT**
 STREET ADDRESS **1095 DODGE RD**
 CITY-ST-ZIP **GETZVILLE NY**

TITLE **D** ☒ Delete
 NAME **FIRESTIEN, ROGER L.**
 STREET ADDRESS **210 N UNION RD**
 CITY-ST-ZIP **WILLIAMSVILLE NY**

TITLE **D** ☒ Delete
 NAME **MURDOCK, MARY C.**
 STREET ADDRESS **1300 ELMWOOD AVE CHASE HALL**
 CITY-ST-ZIP **BUFFALO NY 14222**

TITLE **DPT** ☐ Delete
 NAME **TREFFINGER, DONALD J.**
 STREET ADDRESS **2092 WASATCH DR**
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 (9/01)