

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S74367

1. Entity Name

CREATIVE OPTIONS OF FLORIDA, INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90057 013 \*\*\*150.00

Principal Place of Business

500 N. WESTSHORE BLVD  
STE 605  
TAMPA FL 33609  
US

Mailing Address

500 N. WESTSHORE BLVD  
STE 605  
TAMPA FL 33609-1913  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 1050

Suite, Apt. #, etc.

Suite 1050

City & State

City & State

4. FEI Number

65-0273238

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

CAMPBELL, RALPH  
500 N WESTSHORE BLVD  
SUITE 605  
TAMPA FL 33609

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 1050

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)

3/14/2000

DATE

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

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**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 D  
NAME JOHNSON, MARIAM  
STREET ADDRESS 4507 W ORIENT ST  
CITY-ST-ZIP TAMPA FL

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE Director  
NAME Jack Bichsel  
STREET ADDRESS 790 HICKORY LAKE  
CITY-ST-ZIP Palm Harbor, FL 34683

☐ Change

☒ Addition

TITLE Director  
NAME Ralph F. Campbell  
STREET ADDRESS 2930 4th Street S.  
CITY-ST-ZIP St. Petersburg, FL 33705

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-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)(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:

*Jack Bichsel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2000

Date

813-288-9665

Daytime Phone #

CR2E034 (9/99)