

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90009 021 ****61.25

DOCUMENT # 711485

1. Entity Name

CHAPEL BY THE SEA CLEARWATER BEACH COMMUNITY CHU

R

Principal Place of Business

Mailing Address

54 BAY ESPLANDE
 54 BAY ESPLANADE
 CLEARWATER BEACH FL 33767
 US

54 BAY ESPLANADE
 54 BAY ESPLANADE
 CLEARWATER BEACH FL 33767
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0910346

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN JR., JAMES A.
400 CLEVELAND STREET
CLEARWATER FL 33515

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

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **HATTENHAUER, JEAN**
 STREET ADDRESS **301 SEACREST DR #704**
 CITY-ST-ZIP **LARGO FL 33770**

TITLE **PD** Change Addition
 NAME **JEAN HATTENHAUER**
 STREET ADDRESS **301 SEACREST DRIVE # 704**
 CITY-ST-ZIP **LARGO, FL 33770**

TITLE **VD** Delete
 NAME **SMITH, MARK**
 STREET ADDRESS **701 DAY ESPLANADE**
 CITY-ST-ZIP **CLEARWATER BEACH FL 33767**

TITLE **VD** Change Addition
 NAME **ROSEMARY LARKE**
 STREET ADDRESS **923 KNOLLWOOD DRIVE**
 CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE **TD** Delete
 NAME **BICKERSTAFFE, ROBERT**
 STREET ADDRESS **1007 EAST DRUID RD**
 CITY-ST-ZIP **CLEARWATER FL 33-7563**

TITLE **TD** Change Addition
 NAME **RALPH HOLJES**
 STREET ADDRESS **P. O. BOX 494**
 CITY-ST-ZIP **DUNEDIN, FL 34697**

TITLE **SD** Delete
 NAME **NEWCOMER, LAVONNE**
 STREET ADDRESS **19029 US 19 N, VILLA #25E**
 CITY-ST-ZIP **CLEARWATER FL 33754**

TITLE **SD** Change Addition
 NAME **LaVONNE NEWCOMER**
 STREET ADDRESS **19029 US 19 N #25E**
 CITY-ST-ZIP **CLEARWATER, FL 33757**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JEAN HATTENHAUER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 30, 2000
 Date

Daytime Phone #

CR2E037 (5/00)