

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

0064137

DOCUMENT # 711485

04-03-2001 90100 017 ****61.25

1. Entity Name

CHAPEL BY THE SEA CLEARWATER BEACH COMMUNITY CHU

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

Zip

Country

Zip

Country

4. FEI Number

59-0910346

Applied For

Not Applicable

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)

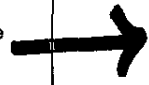
DATE

FILE NOW:
FEE IS \$61.25



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	<input checked="" type="checkbox"/> Delete
NAME	HATTENHAUER, JEAN	
STREET ADDRESS	301 SEACREST DR #704	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LARKE, ROSEMARY	
STREET ADDRESS	923 KNOLLWOOD DRIVE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOLJES, RALPH	
STREET ADDRESS	P O BOC 494	
CITY-ST-ZIP	DUNEDIN FL 34697	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NEWCOMER, LAVONNE	
STREET ADDRESS	19029 US 19 N #25E	
CITY-ST-ZIP	CLEARWATER FL 33754	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARKE, ROSEMARY	
STREET ADDRESS	923 KNOLLWOOD DR.	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLODZIEJ, DARLENE	
STREET ADDRESS	1450 CLEVELAND STREET	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ralph Holjes* **RALPH HOLJES, C.P.A.** 3/4/01 727 734 5405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)