

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722579

1. Entity Name

CLEARWATER FOR YOUTH, INC.

Principal Place of Business

1501 N. BELCHER RD. SUITE 236
CLEARWATER FL 33765
US

Mailing Address

1501 N. BELCHER RD. SUITE 236
CLEARWATER FL 33765-1339
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

59-1408073

Applied For

Not Applicable

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

WATTS, STEPHEN G. ESQ.
611 DRVID RD. SUITE 102
CLEARWATER FL 34616

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 D ☐ Delete

NAME FISHER, WILLIAM
STREET ADDRESS 2075 ENVOY COURT, NORTH
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ Delete

NAME MILLER, RON
STREET ADDRESS 1100 BROOKSIDE DRIVE
CITY-ST-ZIP CLEARWATER FL

TITLE MC ☐ Delete

NAME WEAVER, CHARLES
STREET ADDRESS 12507 BRONCO DRIVE
CITY-ST-ZIP TAMPA FL 33625

TITLE D ☐ Delete

NAME WATTS, STEPHEN G.
STREET ADDRESS 611 DRVID RD. STE 102
CITY-ST-ZIP CLEARWATER FL

TITLE TS ☐ Delete

NAME GILMAN, CRAIG
STREET ADDRESS 33 GARDEN AVE N
CITY-ST-ZIP CLEARWATER FL

TITLE CD ☐ Delete

NAME HOAG, DARRELL
STREET ADDRESS 2436 STATE ROAD 580
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

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NAME
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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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90036 005 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)