

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722654

1. Entity Name

CLEARWATER POINT, INC. NO. 5 A CONDOMINIUM

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90089 013 \*\*\*\*61.25

Principal Place of Business	Mailing Address
% HOLIDAY ISLES PROPERTY MNGT., INC. 7850 ULMERTON RD. SUITE 1 LARGO FL 33771 US	% HOLIDAY ISLES PROPERTY MNGT., INC. 7850 ULMERTON RD. STE 1 LARGO FL 33771-4015 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1456492

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

HOLIDAY ISLES PROPERTY MGMT., INC.  
7850 ULMERTON RD.  
LARGO FL 33541

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	T	<input type="checkbox"/> Delete
NAME	BILL SUCKOW	
STREET ADDRESS	825 S. GULFVIEW BLVD., #106	
CITY-ST-ZIP	CLEARWATER BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DORAN, RUTH	
STREET ADDRESS	825 S. GULFVIEW BLVD. #107	
CITY-ST-ZIP	CLEARWATER BCH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BEARD, LARRY	
STREET ADDRESS	824 S GULFVIEW BLVD. #104	
CITY-ST-ZIP	CLEARWATER BCH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DORAN, RUTH	
STREET ADDRESS	825 S GULFVIEW BLVD #107	
CITY-ST-ZIP	CLEARWATER BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JOHNSON, CEWIN	
STREET ADDRESS	825 S GULFVIEW BLVD #312	
CITY-ST-ZIP	CLEARWATER BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

D  
DONALD, MALCOLM  
825 S. GULFVIEW BLVD #110  
CLEARWATER BCH, FL

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)