

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90090 036 ****61.25

DOCUMENT # 722654

1. Entity Name

CLEARWATER POINT, INC. NO. 5 A CONDOMINIUM

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
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

59-1456492

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

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 \$61.259. 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
NAME
STREET ADDRESS
CITY-ST-ZIP**T**
BILL SUCKOW
825 S. GULFVIEW BLVD., #106
CLEARWATER BEACH FL☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**SD**
DORAN, RUTH
825 S. GULFVIEW BLVD. #107
CLEARWATER BCH FL☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D**
DORAN, RUTH
825 S GULFVIEW BLVD #107
CLEARWATER BEACH FL☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**VPD**
JOHNSON, CEWIN
825 S GULFVIEW BLVD #312
CLEARWATER BCH FL☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D**
DONALD, MALCOLM
825 S. GULFVIEW BLVD #110
CLEARWATER BEACH FL☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**TD**☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**PD**
BEARD, LARRY
825 S. GULFVIEW BLVD. #104
CLEARWATER BEACH FL☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY L BEARD

Date

Daytime Phone #

02/20/01
727-530-4517

CR2E037 (10/00)