

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737483

1. Entity Name

CLEARWATER POINT SWIM CLUB, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90060 045 ****61.25

Principal Place of Business	Mailing Address
6025 SUN BLVD STE 202 ST PETERSBURG FL 33715 US	6025 SUN BLVD STE 202 ST PETERSBURG FL 33715-1101 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5901 SUN BLVD Suite, Apt. #, etc. SUITE 200	5901 SUN BLVD Suite, Apt. #, etc. SUITE 200
City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-1785075	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

RESOURCE PROPERTY MGMT
 6025 SUN BLVD
 STE 202
 ST PETERSBURG FL 33715

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 5901 SUN BLVD
 SUITE 200

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	ALBRECHT, CLIFF
STREET ADDRESS	830 S GULFVIEW BLVD, #705
CITY-ST-ZIP	CLEARWATER FL
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	BARD, BOB
STREET ADDRESS	825 S GULFVIEW BLVD, #311
CITY-ST-ZIP	CLEARWATER FL
TITLE	TD <input type="checkbox"/> Delete
NAME	FERRIS, ARLENE
STREET ADDRESS	800 S GULFVIEW BLVD #503
CITY-ST-ZIP	CLEARWATER FL
TITLE	SD <input type="checkbox"/> Delete
NAME	PARKS, SHIRLEY
STREET ADDRESS	855 S BAYWAY #706
CITY-ST-ZIP	CLEARWATER FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	KOLNER, BOB
STREET ADDRESS	868 S BAYWAY BLVD, M-310
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUNE FILSKOV
STREET ADDRESS	855 BAYWAY BLVD. #708
CITY-ST-ZIP	CLEARWATER 34630
TITLE	PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB LIGHT
STREET ADDRESS	865 GULFVIEW BLVD, #111
CITY-ST-ZIP	CLEARWATER 34630
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	R. K JOHNSON
STREET ADDRESS	800 S. GULFVIEW BLVD. #101
CITY-ST-ZIP	CLEARWATER FL 34630
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: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)