FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

Jan 23, 2002 8:00 am **DOCUMENT # 737514** Secretary of State 1. Entity Name WINDLASSES OF THE WINDJAMMERS OF CLEARWATER, INC. 01-23-2002 90069 046 ****61.25 Principal Place of Business Mailing Address 5152 58 LANE N. 5152 58 LANE N. KENNETH CITY FL 33709 KENNETH CITY FL 33709 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number NOT APPLICABLE ~ Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name - -Street Address (P.O. Box Number is Not Acceptable) allen, gail 5152 58 LANE N. KENNETH CITY FL 33709 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 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE TITLE Change ☐ Addition SANDRA WIEHER WILLIAMS, SHARON NAME NAME 2215 Lagoon Dr Duned IN, FL 34698 STREET ADDRESS 1891 DEL ORO CT STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL 34698** CITY-ST-ZIP Delete Georgia Jensen TITLE TITLE Change ☐ Addition AYOTTE, KAREN NAME NAME 2405 Franciscon Dr #49 STREET ADDRESS 210 SHORE DR STREET ADDRESS Clearwater, FL 33763 CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP PD Delete Change -TITLE TITLE. Addition-Bugenhagen NEGLEY, JANICE NAME NAME DUNEDIN FL 34698 STREET ADDRESS 1381 WOODCREEK DR E STREET ADDRESS CITY-ST-ZIP Safety Harbor FL 34695 CITY-ST-ZIP TITLE Delete Change TITLE Addition DICK, BETTY LISA Glaser NAME NAME 3854 Edwards Ave S. St. Petersburg FL 33705 STREET ADDRESS 338 PENNSYLVANIA AV STREET ADDRESS CITY-ST-ZIP **OZONA FL 34660** CITY-ST-7IP ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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