

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90453 015 ****61.25

DOCUMENT # 737514

1. Entity Name

WINDLASSES OF THE WINDJAMMERS OF CLEARWATER, INC



Principal Place of Business

**5152 58 LANE N.
KENNETH CITY FL 33709**

Mailing Address

**5152 58 LANE N.
KENNETH CITY FL 33709**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

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

**ALLEN, GAIL
5152 58 LANE N.
KENNETH CITY FL 33709**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **WIEHER, SANDRA**
CITY-ST-ZIP **2215 LAGOON DR
DUNEDIN FL 34698**

TITLE ☒ Change ☐ Addition
NAME **TD**
STREET ADDRESS **Jan E. Risberg**
CITY-ST-ZIP **11 Harbor Oaks Circle
Safety Harbor, FL 34695**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **JENSEN, GEORGIA**
CITY-ST-ZIP **2405 FRANCISCO N DR #49
CLEARWATER, FL 33763**

TITLE ☒ Change ☐ Addition
NAME **SD**
STREET ADDRESS **Carolyn Diehl**
CITY-ST-ZIP **386 Sheffield Circle West
Palm Harbor, FL 34683**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **BUGENHAGEN, LEILA**
CITY-ST-ZIP **1643 HAYWICK TER
DUNEDIN FL 34698**

TITLE ☒ Change ☐ Addition
NAME **PD**
STREET ADDRESS **Sandra Wieher**
CITY-ST-ZIP **2215 Lagoon Drive
Dunedin, FL 34698**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **GLASER, LISA**
CITY-ST-ZIP **2854 EDWARDS AVE S
SAINT PETERSBURG FL 33705**

TITLE ☒ Change ☐ Addition
NAME **VD**
STREET ADDRESS **Leila Bugenhagen**
CITY-ST-ZIP **1643 Haywick Ter
Dunedin, FL 34698**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *Jan E. Risberg* **SIGNATURE REQUIRED** *Jan E. Risberg* **2-5-03 (727) 726-2566**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)