

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746169

Entity Name

CLEARWATER NEIGHBORHOOD HOUSING SERVICES INCORPO

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90075 001 ****70.00

Principal Place of Business
NORTH GARDEN AVE.
CLEARWATER FL 34615

Mailing Address
608 NORTH GARDEN AVE.
CLEARWATER FL 33755-3826
US

C0037150



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1898543		Applied For Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JENNINGS, WILLIAM L 1822 DREW ST SUITE 8 CLEARWATER FL 34625		7. Name and Address of New Registered Agent Name Amber Williams Street Address (P.O. Box Number is Not Acceptable) 911 Chestnut Street City Clearwater, FL Zip Code 33756	
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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 Amber J. Williams DATE 3/6/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JOHNSON, PEARL		NAME		
STREET ADDRESS	2175 NURSERY ROAD		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DVORNIK, DON		NAME		
STREET ADDRESS	172000 COMMERCE PARK BLVD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33647		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JOUBEN, LINDA		NAME		
STREET ADDRESS	1966 BRAE MOOR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL 34698		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RUBY, SALLY		NAME		
STREET ADDRESS	416 LINCOLN AVE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP		
TITLE	ED	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GULLEY, ISAY M		NAME		
STREET ADDRESS	608 NORTH GARDEN AVE.		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP		
TITLE	VD	☒ Delete	TITLE		☒ Change ☐ Addition
NAME	DEVINE, ANTONETTE		NAME	Weber, Pat	
STREET ADDRESS	1041 NORTH MADISON AVENUE		STREET ADDRESS	500 South Walton Avenue	
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP	Tarpon, Florida 34689	

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 information empowered.

SIGNATURE: Isay M. Gulley, Executive Director DATE: 2/23/00 (727)442-4155

CR2E037 (9/99)