2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 30, 2001 8:00 am Secretary of State **DOCUMENT # 758947** 1. Entity Name SPARKLING CLEARWATER DEPRESSION GLASS CLUB, INC. 01-30-2001 90213 041 ****61.25 Principal Place of Business Mailing Address 603 TURNER STRET ST. 607 INDIANA CLEARWATER FL 34616. CLEARWATER FL 33756 33756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2437475 Not Applicable Zip Country 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) WHITEHOUSE, ETHEL 603 TURNER ST. CLEARWATER FL 34616 33756 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete POPPLER, ALICE NAME NAME STREET ADDRESS 2124 CATALINA DRIVE SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33764 ☐ Change ☐ Addition ☐ Delete TITLE TITLE CAMPBELL, TOM NAME NAME STREET ADDRESS 58 BAYWOOD DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAFETY HARBOR FL 34695 ☐ Change Addition ☐ Delete TITLE TITLE FRYTAG, MARYANNE NAME NAME STREET ADDRESS STREET ADDRESS 11356 122 TERRACE NORTH CITY-ST-7IP CITY-ST-7IP LARGO FL 33778 ☐ Change ☐ Addition TITLE ☐ Delete TITLE JONES, FRANCES NAME NAME STREET ADDRESS STREET ADDRESS 12760 INDIAN ROCKS ROAD CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33774** ☐ Change ☐ Addition ☐ Delete TITLE TITLE WHITEHOUSE, ETHEL NAME NAME STREET ADDRESS STREET ADDRESS **603 TURNER STREET** CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33756** Delete ☐ Change ☐ Addition TITLE TITLE NAMÉ STASY, AMY NAME STREET ADDRESS STREET ADDRESS 10038 83 TERRACE NORTH BLDG. 7 CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33708 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