

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 06, 2001 8:00 am
Secretary of State

02-05-2001 90051 025 ****61.25

DOCUMENT # N00000002699

1. Entity Name

CLEARWATER COUNTRY CLUB MANAGEMENT, INC.

Principal Place of Business

Mailing Address

525 NORTH BETTY LANE
 CLEARWATER FL 33756

525 NORTH BETTY LANE
 CLEARWATER FL 33756

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3697958

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

BAILEY, JOHN C
 1647 ST. PAULS DR.
 CLEARWATER FL 33764

Name: DORAN, Roland L.

Street Address (P.O. Box Number Is Not Acceptable)

511 OSCEOLA RD.

City: Belleair

FL

Zip Code 33756

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

Roland L Doran

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

11/29/01

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, JOHN C	
STREET ADDRESS	1647 ST. PAULS DR.	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MACNUTT, LAMAR	
STREET ADDRESS	322 MAGNOLIA DR.	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DINNSEN, JOHN E	
STREET ADDRESS	2263 LAKE ARBOR BLVD.	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	J.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORAN, ROLAND L.	
STREET ADDRESS	511 OSCEOLA RD	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIGESARE, HELEN	
STREET ADDRESS	500N BETTY LN	
CITY-ST-ZIP	CLUTE, FL 33755	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Abraham, Ronald	
STREET ADDRESS	225 Country Club Rd	
CITY-ST-ZIP	LARGO, FL 33771	

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:

Roland L Doran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01

Date

727 4469501

Daytime Phone #

CR2E037 (10/00)