# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 19, 2001 8:00 am**
**Secretary of State**
02-19-2001 90041 046 ****61.25

0063877

DOCUMENT # N07369

1. Entity Name

CLEARWATER DUPLICATE BRIDGE CLUB, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2551 SUNSET POINT ROAD<br>2ND FLOOR<br>CLEARWATER FL 33765 | 2364 SUNSET POINT ROAD<br>CLEARWATER FL 33765 |

718005

DO NOT WRITE IN THIS SPACE

| 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 59-2495252 ☐ 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 |
|---|---|
| SWAN, DAVID S JR.<br>2364 SUNSET POINT ROAD<br>CLEARWATER FL 33765 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

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 Department of State** |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>LONGMAN, JACK<br>3164 OYSTER BAYOU WAY<br>CLEARWATER FL 33759 | ☒ Delete | PD<br>Nelson, Frances<br>803 Whippoorwill Dr.<br>Palm Harbor, FL 34683 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>HARRISON, KEITH<br>201 WINDWARD ISLAND<br>CLEARWATER FL 33767 | ☒ Delete | VD<br>Rickett, Doyle<br>1556 Farrier Trail<br>Clearwater, FL 33765 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>SWAN, DAVID S JR.<br>2364 SUNSET POINT ROAD<br>CLEARWATER FL 33765 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>OWENS, HELEN JOE<br>862 CENTERWOOD DR.<br>TARPON SPRINGS FL 34689 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JONES, FRANK<br>1584 FERRIER TRAIL<br>CLEARWATER FL 33765 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FUNK, GRETCHEN<br>140 KENDALE DR.<br>SAFETY HARBOR FL 34695 | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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:** David S. Swan, Jr., P.A. Certified Public Accountant FEB 14 2001 727-461-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #