

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90016 011 ****61.25

DOCUMENT # N07369

1. Entity Name

CLEARWATER DUPLICATE BRIDGE CLUB, INC.

Principal Place of Business

Mailing Address

2551 SUNSET POINT ROAD
2ND FLOOR
CLEARWATER FL 33765

2364 SUNSET POINT ROAD
CLEARWATER FL 33765

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.
2364 SUNSET POINT ROAD
CLEARWATER FL 33765

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.

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 NELSON, FRANCES 803 WHIPPOORWILL DR. PALM HARBOR FL 34683	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICKETT, DOYLE 1556 FARRIER TRAIL CLEARWATER FL 33765	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWAN, DAVID S JR. 2364 SUNSET POINT ROAD CLEARWATER FL 33765	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OWENS, HELEN-JOE 862 CENTERWOOD DR. TARPOON SPRINGS FL 34689	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, FRANK 1584 FERRIER TRAIL CLEARWATER FL 33765	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUNK, GRETCHEN 140 KENDALE DR. SAFETY HARBOR FL 34695	☐ Delete

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

SD
GOLDER JOANNE
2460 Franciscan Dr. # 8
Clearwater, FL 33763

D
BOB LAU
1659 Hamilton Court
Dunedin, FL 34698

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 16 2002

Date

Daytime Phone #

727-461-3200

CR2E037 (9/01)