2001 UNIFORM BUSINESS REPORT (UBR)

May 11, 2001 8:00 am Secretary of State DOCUMENT # N18390 1. Entity Name THE CLEARWATER BAR FOUNDATION, INC. 05-11-2001 90457 001 ****61.25 Principal Place of Business Mailing Address 314 S MISSOURI AVENUE. SUITE 107 314 S MISSOURI AVENUE, SUITE 107 CLEARWATER FL 33756 CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2880867 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) FRANCE, KAREN E 314 S MISSOURI AVE, STE 107 **CLEARWATER FL 33756** City 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: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition TITLE ☐ Delete TITLE ☐ Change FIGURSKI, GERALD A NAME WINTERS, ELISE K NAME 2435 US HOWY 19 N, SWITE 350 STREET ADDRESS STREET ADDRESS 400 CLEVELAND ST CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL** HOUDAY, FL 34691 ☐ Change Addition TITLE ☐ Delete TITLE SCHILTZ, SCOTTE DO BOX 10655 DICKINSON, ROBERT O NAME NAME STREET ADDRESS 315 COURT ST. STREET ADDRESS DUMEDIN, FL 33757 MOORE, GARY R. CITY-ST-ZIP CITY-ST-7IP **CLEARWATER FL 33756** ☐ Change D Delete TITLE TITLE NAME COLE, STEPHEN D NAME 314 S. MISSOURI, SULTE 109 STREET ADDRESS 400 CLEVELAND ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33756 ☐ Delete TITLE ☐ Change ☐ Addition TITLE Sasso. Andrew B NAME NAME STREET ADDRESS 2600 MCCORMICK DRIVE, SUITE 240 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33759 TITLE **X** Delete TITLE ☐ Change ☐ Addition MCFADDEN, MICHAEL K NAME NAME STREET ADDRESS 200 CLEARWATER LARGO RD STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33770 CITY-\$T-ZIP ☐ Delete TITLE TITL F ☐ Change ☐ Addition NAME FAEHNER, MICHAEL J NAME STREET ADDRESS 315 COURT STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CLEARWATER FL 33756

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

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2000-2001

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Clearwater, FL 33755

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