

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90870 041 \*\*\*\*61.25

**DOCUMENT # N18390**

1. Entity Name  
**THE CLEARWATER BAR FOUNDATION, INC.**

Principal Place of Business  
**314 S MISSOURI AVENUE, SUITE 107  
 CLEARWATER FL 33756  
 US**

Mailing Address  
**314 S MISSOURI AVENUE, SUITE 107  
 CLEARWATER FL 33756  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-2880867**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**FRANCE, KAREN E  
 314 S MISSOURI AVE, STE 107  
 CLEARWATER FL 33756**

Name **Jane E. Helms**  
 Street Address (P.O. Box Number is Not Acceptable)  
**314 S. Missouri Ave Suite 107**  
 City **Clearwater** 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 *Jane E. Helms* **Jane E. Helms Executive Director 4-29-02**  
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	Delete
P	WINTERS, ELISE K	400 CLEVELAND ST	CLEARWATER FL	<input checked="" type="checkbox"/>
T	DICKINSON, ROBERT O	315 COURT ST.	CLEARWATER FL 33756	<input checked="" type="checkbox"/>
D	FIGURSKI, GERALD A	2435 US HGWY 19 N, SUITE 350	HOLIDAY FL 34691	<input checked="" type="checkbox"/>
D	SASSO, ANDREW B	2600 MCCORMICK DRIVE, SUITE 240	CLEARWATER FL 33759	<input checked="" type="checkbox"/>
D	SCHILTZ, SCOTT E	PO BOX 10655	DUMEDIN FL 33757	<input checked="" type="checkbox"/>
S	FAEHNER, MICHAEL J	315 COURT STREET	CLEARWATER FL 33756	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	Elizabeth P. Weimer	600 Cleveland St Suite 940	Clearwater FL 33755	<input type="checkbox"/>	<input checked="" type="checkbox"/>
\$	Warren T. LaFray	615 Turner St	Clearwater FL 33756	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	Donna K. Rose	P.O. Box 365	Clearwater FL 33757	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Kinnear Smith	200 North Garden Ave Suite A	Clearwater FL 33755	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Gregory K. Showens	133 North Ft Harrison Ave	Clearwater FL 33755	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Michael Faehner	311 South Missouri Ave	Clearwater FL 33756	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

*Michael Faehner*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02  
 Date

727-466-1111  
 Daytime Phone #

CR2E037 (9/01)