

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

0047015

**DOCUMENT # N18390**

1. Entity Name

**THE CLEARWATER BAR FOUNDATION, INC.**



05-01-2003 90783 012 \*\*\*\*61.25

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**

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HELMS, JANE E  
314 S MISSOURI AVE, STE 107  
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

Name **KAREN E. FRANCE**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Karen E. France*

**4-28-2003**

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WEIMER, ELIZABETH P</b>	
STREET ADDRESS	<b>600 CLEVELAND ST STE 940</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33755</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LAFRAY, WARREN T</b>	
STREET ADDRESS	<b>615 TURNER STREET</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33756</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ROSE, DONNA K</b>	
STREET ADDRESS	<b>PO BOX 365</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33757</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SMITH, KINNEAR</b>	
STREET ADDRESS	<b>200 N GARDEN AVE STE A</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33755</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHOWERS, GREGORY K</b>	
STREET ADDRESS	<b>133 N FT HARRISON AVENUE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33755</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FARHUER, MICHAEL</b>	
STREET ADDRESS	<b>311 S MISSOURI AVENUE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33756</b>	

TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOUGLAS M. deVLAMING</b>	
STREET ADDRESS	<b>1101 Turner St.</b>	
CITY-ST-ZIP	<b>Clearwater, FL 33756</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALLY H. FOOTE</b>	
STREET ADDRESS	<b>1150 CLEVELAND ST, # 301</b>	
CITY-ST-ZIP	<b>CLEARWATER, FL 33755</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*see attached*

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 persons empowered.

SIGNATURE:

*[Signature]*

**20 APR 03**

**727-461-0525**

CR2E037 (10/02)

*attachment*

*# N18390*

**Clearwater Bar Foundation**

**2002-2003 Roster**

**President**

Douglas M. deVlaming, 1101 Turner Street, Clearwater, FL 33756

**Secretary**

Elizabeth P. Weimer, 1445 Court Street, Suite 110, Clearwater, FL 33756

**Treasurer**

Donna K. Rose, PO Box 365, Clearwater, FL 33757

**Directors**

Cheryl Smith-Khan, PO box 10655, Clearwater, FL 33757

Sally H. Foote, 1150 Cleveland Street, Suite 301, Clearwater, FL 33755

Garry Moore, 314 S. Missouri Ave., Suite 109, Clearwater, FL 33756

Vicki Goonen, Angela Morton PA, 111 N. Belcher Road, Suite 204, Clearwater,  
FL, 33765

Tracy Jardine, Price Ridenour Donoghue, 29605 US 19 N, Suite 140,  
Clearwater, FL 33761

Shelly Johnson, President-Elect, Clearwater Bar Association, 2435 US 19 North,  
Suite 350, Holiday, FL 34691

**Staff**

Karen E. France, 314 S. Missouri Ave., Suite 107, Clearwater, FL 33756