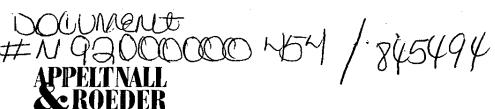
# **2001 UNIFORM BUSINESS REPORT (UBR)**

#### May 22, 2001 8:00 am Secretary of State DOCUMENT # N9200000454 1. Entity Name 05-22-2001 90013 007 \*\*\*150.00 CLEARWATER AQUATIC TEAM BOOSTER CLUB, INC. Principal Place of Business Mailing Address 1501 N. BELCHER ROAD 1501 N. BELCHER ROAD **CLEARWATER FL 33765** CLEARWATER FL 33765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3164776 Not Applicable Zip Zip Country 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) YEARWOOD, MICHAEL 1501 N. BELCHER ROAD CLEARWATER FL 33765 City Zip Code FL 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. 3-26-01 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **FILE NOW:** Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE DΤ TITLE ☐ Addition ☐ Delete Change SGRIGNOLI, DIANNE NAME NAME STREET ADDRESS 2260 WARWICK DR. STREET ADDRESS CITY-ST-ZIP OLDSMAR FL 34677 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition CARPENTER, JAY NAME NAME 612 HARBOR ISLAND STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33767** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME **BULLOCK, RICHARD** NAME STREET ADDRESS 2823 RESNIK CIR WEST STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-7IP CITY-ST-ZIP

FILED

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 REQUIRED



#### FILING INSTRUCTIONS

### **UNIFORM BUSINESS REPORT**

TAXPAYER [ lea	rwater acustic I	eam Booster Out Inc.
	6	
YEAR	2001	

You are required to file a Uniform Business Report Annually in order to keep your corporation active in the State of Florida. Please review the data in boxes 1,6, and 11. If any changes are necessary, indicate such changes in the related change boxes. **Note** that if you change the registered agent, the new registered agent must sign and complete the line in box 8.

- An Officer / Director must sign the return in Box 13, and print name, title and date. Mail the return to the address indicated below in time to be postmarked on or before

  May 1, 2001.
- There is a filing fee of \$150.00 due with this return. Send your check for this amount payable to the "DEPARTMENT OF STATE" with the return.

MAIL TO: DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P. O. BOX 1500
TALLAHASSEE, FL 32302-1500

## <u>IMPORTANT</u>

If filed after May 1, filing fee is \$550.00.

Retain the copy for your files after indicating thereon the date signed; by whom signed, dated mailed and check number.