2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 14, 2000 8:00 am Secretary of State DOCUMENT # N95000005589 02-14-2000 90187 001 *****8.75 CLEARWATER BEACH CHAMBER OF COMMERCE, INC. Principal Place of Business Mailing Address 59 BAYMONT STREET 100 CORONADO DRIVE CLEARWATER FL 34639 / 33767 CLEARWATER FL 33767-1705 8398 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3353083 Not Agreement Zip Zip Country \$8.75 Additional \mathbf{x} 5. Certificate of Status Desired Fee Required 33767 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DORAN, JOHN ESQ. 59 BAYMONT STREET CLEARWATER FL 3/1930// 33767 Zip Code City 33767 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Change ₽..... PD Delete TITLE TITLE COLE, SHEILA NAME list attached STREET ADDRESS STREET ADDRESS 252 DOLPHIN PT CITY-ST-ZIP CITY-ST-ZIP CLEARWATER BCH FL 33767 Change TITLE TITLE NAME ROSENÓW, KEN STREET ADDRESS STREET ADDRESS 430 CORONADO CITY-ST-ZIP ·CITY-ST-ZIP-CLEARWATER BCH FL-33767 ☐ Change **▼** Delete TITLE TITLE NAME BESODIC, JOHN NAME STREET ADDRESS STREET ADDRESS 620 BAYWAY BLVD. CITY-ST-7IP CITY-ST-ZIP CLEARWATER BCH FL 33767 Change X Delete TITLE TITLE TD NAME DORAN, JOHN NAME STREET ADDRESS STREET ADDRESS 59 BAYMONT CITY-ST-ZIP City-ST-ZIP CLEARWATER BCH FL 33767 Change TITLE VPD **▼** Delete TITLE NAME NAME HUSGEN, GERRY STREET ADDRESS 15 SOMERSET ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER BCH FL 33767 ☐ Change C TITLE Defete TITLE NAME LITTLE, DAVID NAME STREET ADDRESS STREET ADDRESS 333 GULFVIEW CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER BCH FL 33767**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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 bustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address. With all other like empowered.

SIGNATURE:

Marin Doran