2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2000 8:00 am
Secretary of State
07-21-2000 90156 049 ****61.25

DOCUMENT # N97000002122

1. Entity Name

CLEARWATER SISTER CITIES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 4748 CLEARWATER FL 34618-4748	P.O. BOX 4748 CLEARWATER FL 34618-4748

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1550 RIDGEWOOD ST.	1550 RIDGEWOOD ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLEARWATER, FL	City & State: CLEARWATER, FL
Zip: 33755 Country: USA	Zip: 33755 Country: USA

4. FEI Number: 59-3444698 ☐ Applied For ☐ Not Applicable

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
GOTTLIEB & GOTTLIEB, P.A. 2475 ENTERPRISE SUITE 100 CLEARWATER FL 34623	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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	PD GARVEY, T 1550 RIDGEWOOD ST CLEARWATER FL 33755	☐ Delete	PRESIDENT, DIRECTOR GARVEY, RITA 1550 RIDGEWOOD ST CLEARWATER, FL 33755	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MATTHEWS, A 1334 MICHIGAN AVE PALM HARBOUR FL 34683	☐ Delete	V. PRESIDENT, DIRECTOR X RON YOUNG 2316 DORA DR CLWR, FL 33765	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD NETTELBLADT, LOIS 10761 62ND AVE N SEMINOLE FL 33772	☐ Delete	~~SECRETARY~~ TREASURER, DIRECTOR SEWELL, MARYLOIS 2371 OLD COACH ROAD CLEARWATER, FL 33765	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (5/00)

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: RITA GARVEY REQUIRED 7-17-2000 727-446-3845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #