2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # N99000007132 Jul 20, 2000 8:00 am 1. Entity Name **Secrétary of State** CLEARWATER ARTS! FOUNDATION, INC. 07-20-2000 90021 004 ****61.25 Principal Place of Business Mailing Address 1130 CLEVELAND STREET POST OFFICE BOX 2457 **CLEARWATER FL 33757** CLEARWATER FL 33757 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 *59-36290*09 Not Applicable Country US A Zip \$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 Street Address (P.O. Box Number is Not Acceptable) WARGO, LYNN 1130 CLEVELAND STREET **CLEARWATER FL 33757** 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 OFFICERS AND DIRECTORS ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Vice-President DP P Addition TITLE TITLE Bruce Kotchey Hud # 229 HART, NANCY NAME NAME Tresident 1006 ELDORADO AVENUE STREET ADDRESS STREET ADDRESS Yearwater, FL 33762 CITY-ST-7IP CITY-ST-ZIP **CLEARWATER FL 33767** Say Gulley - D Dr S TITLE TITLE 608 garden Avenue RAYMOND, GERRI NAME NAME STREET ADDRESS 249 WINDWARD PASSAGE STREET ADDRESS Clearwater, FL 33755 CITY-ST-ZIP **CLEARWATER FL 33767** CITY-ST-ZIP Roxanalesto - D. Addition TITLE ☐ Delete TITLE 3311 Tanglewood Trail COLE. SHEILA NAME NAME **POST OFFICE BOX 3573** STREET ADDRESS STREET ADDRESS Palm Harbor, Fl 34685 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33767** Addition TITLE ☐ Delete TITLE MEIDEL, MICHAEL NAME NAME STREET ADDRESS 1130 CLEVELAND STREET STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP CLEARWATER FL 33757 Addition TITLE ☐ Delete TITLE VANN, KAREN NAME NAME STREET ADDRESS POST OFFICE BOX 7278 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33758** ☐ Change ☐ Delete TITLE Addition TITLE FREEDMAN, ROBERT A NAME 1111 MCMULLEN BOOTH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33759** CITY-ST-ZIP 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 with an address, with all other like empowered.