

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

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90067 018 ****61.25

DOCUMENT # N99000007132

1. Entity Name
CLEARWATER ARTS! FOUNDATION, INC.



Principal Place of Business

**100 S MYRTLE AVE
CLEARWATER FL 33756**

Mailing Address

**PO BOX 955
CLEARWATER FL 33757-0955**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3629009**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**WALBOLT, MARGO
100 S MYRTLE AVE
CLEARWATER FL 33756**

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. I am familiar with, and accept the obligations of registered agent.

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

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

T ☐ Delete
NAME **HARDMAN, DAVID**
STREET ADDRESS **450-11 LAKEVIEW DR**
CITY-ST-ZIP **PALM HARBOR FL 34683**

P ☐ Change ☒ Addition
NAME **FREEDMAN, AARON**
STREET ADDRESS **2531 LANDMARK DR**
CITY-ST-ZIP **CLEARWATER, FL 33661**

S ☐ Delete
NAME **RAYMOND, GERRI**
STREET ADDRESS **249 WINDWARD PASSAGE**
CITY-ST-ZIP **CLEARWATER FL 33767**

S ☐ Change ☒ Addition
NAME **SMITH, DIANE**
STREET ADDRESS **575 INDIAN ROCKS RD.**
CITY-ST-ZIP **BELLEAIR BLUFFS FL 33770**

P ☐ Delete
NAME **COLE, SHEILA**
STREET ADDRESS **POST OFFICE BOX 3573**
CITY-ST-ZIP **CLEARWATER FL 33767**

D ☒ Change ☐ Addition
NAME **COLE, SHEILA**
STREET ADDRESS **PO BOX 3573**
CITY-ST-ZIP **CLEARWATER, FL 33767**

D ☐ Delete
NAME **MILLER, LOIS**
STREET ADDRESS **PO BOX 5165**
CITY-ST-ZIP **CLEARWATER FL 33758-5165**

D ☒ Change ☐ Addition
NAME **RAYMOND, GERRI**
STREET ADDRESS **249 WINDWARD PASSAGE**
CITY-ST-ZIP **CLEARWATER, FL 33767**

D ☐ Delete
NAME **CARLISLE, STEVE**
STREET ADDRESS **34 N. FORT HARRISON AVE**
CITY-ST-ZIP **CLEARWATER FL 33755**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
NAME **FREEDMAN, ROBERT A**
STREET ADDRESS **1111 MCMULLEN BOOTH ROAD**
CITY-ST-ZIP **CLEARWATER FL 33759**

☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DAVID HARDMAN Pres** 3/25/03 727 784 8633

CR2E037 (10/02)