

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718147

1. Entity Name

JUNIOR LEAGUE OF CLEARWATER-DUNEDIN, INC.

Principal Place of Business

1265 BAYSHORE DRIVE - see below
DUNEDIN FL 34615
US

Mailing Address

1265 BAYSHORE DRIVE
DUNEDIN FL 34615
US

2. Principal Place of Business

1265 Bayshore Blvd

Suite, Apt. #, etc.

3. Mailing Address

1265 Bayshore Blvd

Suite, Apt. #, etc.

City & State

Dunedin FL

City & State

Dunedin FL

Zip

34698

Country

US

Zip

34698

Country

US

4. FEI Number

59-0773585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JULIUS J. ZSCHAU
28050 U.S. HIGHWAY 19TH NORTH
~~SUITE 501~~
CLEARWATER FL 34624 33756

2711 Chestnut St.

7. Name and Address of New Registered Agent

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

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

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP RICH, MARION 2135 CAMDEN WAY CLEARWATER FL 33759 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP BENJAMIN, SUSAN 1778 CROSS CREEK WAY W DUNEDIN FL 34698 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD RHODES, ANNE 4860 HERON POINTE DR #102 TAMPA FL 33616 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BERFIELD, KIM 1466 FLORA RD CLEARWATER FL 33755 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP Benjamin, Susan 1778 Cross Creek way W Dunedin FL 33759 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP Sawayda, Nancy 1825 Breatwood Dr Clearwater FL 33764 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Cooney, Deborah 3411 Beech Trail Clearwater, FL 33761 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Hinnrichs, Krista 162 Flamingo Dr Belleair FL 33756 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

Deborah A Cooney
TREASURER
DEBORAH A COONEY

1/6/01

727-669-2579

Daytime Phone #

0088424

CR2E037 (10/00)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90012 030 ****61.25

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DO NOT WRITE IN THIS SPACE