

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90012 031 ****61.25

DOCUMENT # 703601

1. Entity Name

ROTARY CLUB OF CLEARWATER BEACH, INC.

Principal Place of Business

P. O. BOX 10782
 CLEARWATER FL 33757
 US

Mailing Address

P. O. BOX 10782
 CLEARWATER FL 33757
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6152310

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

PIERNICK, ANTHONY T
C/O JEAN LOVELAND
2247 JAFFA PL
CLEARWATER FL 33764

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **HAMILTON, HOYT P**
 STREET ADDRESS **2020 CORONET LANE**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **O** ☒ Change ☐ Addition
 NAME **CARL W. ASHBAUGH**
 STREET ADDRESS **BEACH SPA 641 1/2 MANDALAY AVE.**
 CITY-ST-ZIP **CLEARWATER BEACH FL 33767**

TITLE **S** ☒ Delete
 NAME **HAYES, ELIZABETH F**
 STREET ADDRESS **418 MIDWAY ISLAND**
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **D** ☒ Change ☐ Addition
 NAME **BOB CLIFFORD**
 STREET ADDRESS **HUNTINGTON BANK - 423 MANDALAY AVE**
 CITY-ST-ZIP **CLEARWATER BEACH FL 33767**

TITLE **D** ☒ Delete
 NAME **DAMSKER, WENDY S**
 STREET ADDRESS **SEA WAKE RESORTS, 445 HAMDEN DR**
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **O** ☒ Change ☐ Addition
 NAME **ANGELA MONTEITH**
 STREET ADDRESS **BOUCHARD INS 101 STARCREST DR.**
 CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **VP** ☒ Delete
 NAME **FECKNER, BOB**
 STREET ADDRESS **BSA 11046 JOHNSON BLVD**
 CITY-ST-ZIP **SEMINOLE FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **LISA CHANDLER**
 STREET ADDRESS **ALEXANDRA'S - 56 CAUSEWAY BLVD**
 CITY-ST-ZIP **CLEARWATER BEACH FL 33767**

TITLE **O** ☐ Delete
 NAME **WEST, CRAIG**
 STREET ADDRESS **100 ISLAND WAY FIRST NATL BANK OF FL**
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **O** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☒ Delete
 NAME **AYERS, JAMES T**
 STREET ADDRESS **567 S. DUNCAN**
 CITY-ST-ZIP **CLEARWATER FL 33751**

TITLE **O** ☒ Change ☐ Addition
 NAME **ELIZABETH BOWER**
 STREET ADDRESS **CLEARWATER CHAMBER P.O. BOX 2457**
 CITY-ST-ZIP **CLEARWATER FL 33757**

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: *BEITH HAYES, SECRETARY*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-17-01

Date

(727) 723-7788

Daytime Phone #

CR2E037 (10/00)