

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

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90165 033 ****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



☐ CHECK HERE IF MAKING CHANGES

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

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

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. 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

TITLE	D	NAME	BECKERS, HILMER	<input type="checkbox"/> Delete
STREET ADDRESS			PHARMALINK 1771 GOACHMAN PLAZA DR. #3	
CITY-ST-ZIP			CLEARWATER FL 33759	
TITLE	D	NAME	CLIFFORD, BOB	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			HUNTINGTON BANK 423 MANDALAY AVENUE	
CITY-ST-ZIP			CLEARWATER FL 33767	
TITLE	D	NAME	MONTEITH, ANGELA	<input type="checkbox"/> Delete
STREET ADDRESS			BOUCHARD INS 101 STARCREST DRIVE	
CITY-ST-ZIP			CLEARWATER FL 33768	
TITLE	D	NAME	CHANDLER, LISA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			ALEXANDRA'S 56 CAUSEWAY BLVD	
CITY-ST-ZIP			CLEARWATER FL 33767	
TITLE	D	NAME	WEST, CRAIG	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			100 ISLAND WAY FIRST NATL BANK OF FL	
CITY-ST-ZIP			CLEARWATER FL 33767	
TITLE	D	NAME	BOWER, ELIZABETH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			CLEARWATER CHAMBER PO BOX 2457	
CITY-ST-ZIP			CLEARWATER FL 33757	

TITLE		NAME	BECKERS, HILMER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			PHARMALINK 12345 STARKEY RD. #L	
CITY-ST-ZIP			LARGO FL 33773	
TITLE	D	NAME	RICK GASTON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			209 Ponce de Leon	
CITY-ST-ZIP			BELLEAIR FL 33756	
TITLE		NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			2071 LAKEWOOD DR	
CITY-ST-ZIP			CLEARWATER FL 33763	
TITLE	D	NAME	JIM HLAUSCH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			1307 MURKLEY DR	
CITY-ST-ZIP			LARGO FL 34640	
TITLE	D	NAME	HOYT HAMILTON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			2020 CORONET LANE	
CITY-ST-ZIP			CLEARWATER FL 33764	
TITLE	D	NAME	CAROL GILPIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			SUN TRUST 423 MANDALAY AVE	
CITY-ST-ZIP			CLEARWATER BEACH FL 33767	

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: **SIGNATURE REQUIRED**

03/13/03 (707) 507-7669

CR2E037 (10/02)