

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 359244

1. Entity Name

CLEARWATER GOLF-PARK, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90075 036 ***150.00

Principal Place of Business

Mailing Address

1875 AIRPORT DR
CLEARWATER FL 33765
US

1875 AIRPORT DR
CLEARWATER FL 33765-2002
US

2. Principal Place of Business

1771 Oak Creek Drive

3. Mailing Address

PO Box 1036

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dunedin, FL

City & State

Dunedin, FL

Zip

34698

Country

USA

Zip

34697

Country

USA

4. FEI Number

59-1310741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANK, MIRIAM
1875 AIRPORT DR
CLEARWATER FL 33765

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
FRANK, RICHARD A.
1771 OAK CREEK DRIVE
CLEARWATER FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FRANK, MIRIAM
1771 OAK CREEK DRIVE
DUNEDIN FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
FRANK, GERALD T.
6955 CORONET DR
NEW PORT RICHEY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
FRANK, MARY L.
6955 CORONET DR
NEW PORT RICHEY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, at all times it is empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/00 727-784-83