

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701729

1. Entity Name

THE UNITARIAN UNIVERSALIST CHURCH OF CLEARWATER,

Principal Place of Business

2470 NURSERY RD  
CLEARWATER FL 33764

Mailing Address

2470 NURSERY RD  
CLEARWATER FL 33764-2720

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

59-0995436

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

STAPLETON, TERRENCE  
2494 BAYSHORE BOULEVARD  
DUNEDIN FL 34698

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 NAME STREET ADDRESS CITY-ST-ZIP	PT BAKER, ELLY KELLY P.O. BOX 1416 NEW PORT RICHEY FL 34656	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PET WHITEHURST, GARETH 8788 60TH STREET NORTH PINELLAS PARK FL 33782	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPT WYLIE, DOROTHY 7041 MORNINGSTAR LANE NEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROGERS, ELEANOR 2687 SABAL SPRINGS CIRCLE #101 CLEARWATER FL 33761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAW, SHIRLEY 860 VIRGINIA STREET #202 DUNEDIN FL 34698	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBERLE, MARILYN 2011 GULF BLVD #1B INDIAN ROCKS BEACH FL 33785	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Baker, Elly Kelly P.O. Box 1416 New Port Richey, FL 34656	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PET Whitehurst, Gareth 8788 60th Street North Pinellas Park, FL 33782	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPT Wylie, Dorothy 7041 Morningstar Lane New Port Richey, FL 34652	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Rogers, Eleanor 2687 Sabal Springs Circle #101 Clearwater, FL 33761	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Brommell, John 3303 Sandy Ridge Dr. Clearwater, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Herrmann, Edmund 1637 St. Catherine Dr. E. Dunedin, FL 34698	<input checked="" 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

727-735-9330 x224

Daytime Phone #

FILED  
Apr 19, 2000 8:00 am  
Secretary of State

04-19-2000 90064 009 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)