

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701729

1. Entity Name

THE UNITARIAN UNIVERSALISTS OF CLEARWATER, FLORI

Principal Place of Business

2470 NURSERY RD
CLEARWATER FL 33764

Mailing Address

2470 NURSERY RD
CLEARWATER FL 33764

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

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	BAKER, ELLY KELLY	
STREET ADDRESS	P.O. BOX 1416	
CITY-ST-ZIP	NEW PORT RICHEY FL 34656	
TITLE	PET	<input checked="" type="checkbox"/> Delete
NAME	WHITEHURST, GARETH	
STREET ADDRESS	8788 60TH STREET NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	PPT	<input checked="" type="checkbox"/> Delete
NAME	WYLIE, DOROTHY	
STREET ADDRESS	7041 MORNINGSTAR LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, ELEANOR	
STREET ADDRESS	2687 SABAL SPRINGS CIRCLE #101	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BROMMELL, JOHN	
STREET ADDRESS	3303 SANDY RIDGE DR	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HERRMANN, EDMUND	
STREET ADDRESS	1637 ST CATHERINE DR E	
CITY-ST-ZIP	DUNEDIN FL 34698	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARETH WHITEHURST	
STREET ADDRESS	8788 60TH STREET NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	PRESIDENT ELECT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK BRANDT	
STREET ADDRESS	13 KACRE LANE	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	PAST PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLY KELLY BAKER	
STREET ADDRESS	P.O. BOX 1416	
CITY-ST-ZIP	NEW PORT RICHEY FL 34656	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY STAPLETON	
STREET ADDRESS	1310 MARINER DR #401	
CITY-ST-ZIP	TARPON SPRINGS, FL 33699	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN HECHLER	
STREET ADDRESS	1702 N. OSCEOLA AVE	
CITY-ST-ZIP	CLEARWATER, FL 33755	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90082 017 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)