

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90206 029 ****61.25

DOCUMENT # 701729

1. Entity Name

**THE UNITARIAN UNIVERSALISTS OF CLEARWATER, FLORI
DA, INC.**



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



☐ CHECK HERE IF MAKING CHANGES

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

**STAPLETON, TERRENCE
2494 BAYSHORE BOULEVARD
DUNEDIN FL 34698**

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]*
Signature, typed or printed name of registered agent, 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 **M** ☐ Delete
NAME **WHITEHURST, GARETH**
STREET ADDRESS **8788 60TH STREET NORTH**
CITY-ST-ZIP **PINELLAS PARK FL 33782**

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

TITLE **P** ☒ Delete
NAME **BRANDT, MARK**
STREET ADDRESS **13 EAGLE LANE**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☒ Change ☒ Addition
NAME **PRESIDENT**
STREET ADDRESS **PATRICIA MCGIVERN**
CITY-ST-ZIP **1529 E. DORCHESTER DR.
PALM HARBOR, FL 34684**

TITLE **T** ☐ Delete
NAME **STAPLETON, TERRY**
STREET ADDRESS **1810 MARINER DR #401**
CITY-ST-ZIP **TARPON SPRINGS FL 33698**

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

TITLE **ST** ☐ Delete
NAME **DON, CHAMBERLIN**
STREET ADDRESS **2256 CURTIS DRIVE S**
CITY-ST-ZIP **CLEARWATER FL 33764**

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

TITLE **D** ☒ Delete
NAME **ELANOR, ROGERS**
STREET ADDRESS **22087MSHEAR SPRINGS CR**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☒ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **MARY POOLE**
CITY-ST-ZIP **B HARBOR POINT PLACE
SAFETY HARBOR FL 34695**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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**

1-8-03 7275317107

CR2E037 (10/02)