

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90013 008 \*\*\*\*61.25

**DOCUMENT # 705413**

1. Entity Name

**CLEARWATER CHAPTER-AMERICAN ASSOCIATION OF RETIR**

Principal Place of Business

Mailing Address

2165 NE COACHMAN RD  
 CLEARWATER FL 34625  
 US

1535 NURSERY RD.  
 1535 NURSERY RD BOX 210  
 CLEARWATER FL 33756-2390



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6194133**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TUBBS, FRANCES**  
**1535 NURSERY RD.**  
**CLEARWATER FL 34616**

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	VP	<input type="checkbox"/> Delete
NAME	HUNT, BETTY	
STREET ADDRESS	1758 ALGONQUIN DR.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	CRABTREE, DENNIS	
STREET ADDRESS	2431 CANADIAN WAY 45	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CESARE, ROSE	
STREET ADDRESS	EAST LAKE DRIVE	
CITY-ST-ZIP	LARGO, FL 34641	
TITLE	S	<input type="checkbox"/> Delete
NAME	SKOTKO, ESTHER	
STREET ADDRESS	340 IMPERIAL PALMS DR	
CITY-ST-ZIP	LARGO FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TUBBS, FRANCES	
STREET ADDRESS	1535 NURSERY ROAD, #210	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIBERTY, EDWARD	
STREET ADDRESS	2064 LITTLE NECK RD.	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Frances A. Tubbs* **Frances A. Tubbs-1-19-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)