

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Feb 26, 2001 8:00 am
Secretary of State

01-30-2001 90017 026 ****61.25

DOCUMENT # 705413

Entity Name

CLEARWATER CHAPTER-AMERICAN ASSOCIATION OF RETIR.

Principal Place of Business
2165 NE COACHMAN RD
CLEARWATER FL 34625
US

Mailing Address
1535 NURSERY RD.
1535 NURSERY RD BOX 210
CLEARWATER FL 34616

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 **59-6194133**Applied For
Not Applicable5. 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

Frances A. Tubbs

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jan. 18 - 2001

DATE

FILE NOW:
FEE IS \$61.259. 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	<input type="checkbox"/> Delete
	HUNT, BETTY	1758 ALGONQUIN DR.	CLEARWATER FL	<input type="checkbox"/>
	CRABTREE, DENNIS	2431 CANADIAN WAY 45	CLEARWATER FL 33763	<input checked="" type="checkbox"/>
	CESARE, ROSE	EAST LAKE DRIVE	LARGO, FL 34641	<input type="checkbox"/>
	SKOTKO, ESTHER	340 IMPERIAL PALMS DR	LARGO FL	<input type="checkbox"/>
	TUBBS, FRANCES	1535 NURSERY ROAD, #210	CLEARWATER FL	<input type="checkbox"/>
	LIBERTY, EDWARD	2064 LITTLE NECK RD.	CLEARWATER FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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*Frances A. Tubbs 2-16-2001*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

927-461-7193