

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90029 026 ****61.25

DOCUMENT # 709902

1. Entity Name

WINDJAMMERS OF CLEARWATER, INC.

Principal Place of Business

1001 GULF BLVD.
P.O. BOX 3428
CLEARWATER FL 34630-8104
US

Mailing Address

1001 GULF BLVD.
P.O. BOX 3428
CLEARWATER FL 33767-8428
US

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

23-7346886

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

O'BRIEN, EDWARD T JR.
3376 FERNCLIFF LANE
CLEARWATER FL 34621

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.

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	D	<input checked="" type="checkbox"/> Delete
NAME	ROBBINS, NOEL	
STREET ADDRESS	12826 129TH TERR	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	D	<input type="checkbox"/> Delete
NAME	STAGG, JAY	
STREET ADDRESS	1400 GULF BLVD, #305	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	S.	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL BARBARA,	
STREET ADDRESS	211 E SKIFF POINT	
CITY-ST-ZIP	CLEARWATER FL 34630	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ALBINA, JACQUIE	
STREET ADDRESS	778 MERLINS CT	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANA DAVIS	
STREET ADDRESS	101 CYPRESS COURT	
CITY-ST-ZIP	OLDSMAR, FL 34687	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICH RIDDLE	
STREET ADDRESS	2298 DEMORET DRIVE	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOYCE RUNION	
STREET ADDRESS	123-D SCARBOROUGH SE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705	

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #