2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709902

1. Entity Name

WINDJAMMERS OF CLEARWATER, INC.

Principal Place of Business

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

2. Principal Place of Business
P.S. ABOUE
Suite, Apt. #, etc.

City & State

Mailing Address

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

Suite, Apt. #, etc.

FILED Jul 09, 2002 8:00 am Secretary of State

07-09-2002 90018 005 ****61.25



City & State City & State City & State 4. FEI Number 23-73468 Zip Country Country 5. Certificate of Status Desir 6. Name and Address of Current Registered Agent 7. Name and Address of Name	WRITE IN THIS		Applied For
Zip Country Country 5. Certificate of Status Desir 6. Name and Address of Current Registered Agent 7. Name and Address of Name and Name an	886	Γ.1	Applied For
Zip Country Country 5. Certificate of Status Desir 6. Name and Address of Current Registered Agent 7. Name and Address of Name and	886		Uhhilian LOI
Certificate of Status Desir Name and Address of Current Registered Agent Name and Address of Name and Name			Not Applicable
	5. Certificate of Status Desired S8.75 Addition Fee Required		
"" I "" — "" — "" — "" — "" — "" — ""	lew Registered		
Name	Name		
O DINLY, COMAID 1 01.	Street Address (P.O. Box Number is Not Acceptable)		
3376 FERNCLIFF LANE CLEARWATER FL 33761			
City	FL	Zip Co	ode
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State the obligations of registered agent.		- 1	h, and accept
ine congations of registered agent.			
SIGNATURE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE		
8	············		
After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be	Make Check		
min. will be \$236.25. Trust Fund Contribution. Added to Fees	Departme	ent of Sta	te
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFF	FICERS AND DI	RECTORS	IN 10
TITLE D			
NAME RIDDLE, RICH NAME POUL S	+ cuit	~ 7	
STREET ADDRESS 2398 DEMORET DR STREET ADDRESS 51 Main STREET	4-01.	- /	
CITY-ST-ZIP DUNEDIN FL 34698 CITY-ST-ZIP Ouwedin, FL 3 TITLE S NAME RUNION, JOYCE Delete NAME Command T. O'BRIE NAME	4698		
TITLE S Delete TITLE Vice Director	-50.	☐ Change	Addition
NAME RUNION, JOYCE NAME Edward T. O. 15 KTE	ane		
STREET ADDRESS 123-D SEAHOUSE DR SE STREET ADDRESS 3276 FOR No. 1. F.F. L.			
STREET ADDRESS TZ3-D SEAHOUSE DR SE CITY-ST-ZIP SAINT PETERSBURG FL 33705 TITLE NAME DAVIS, DANA STREET ADDRESS TO PERS DR SE CITY-ST-ZIP C JOAK MATERIA, F- TITLE NAME STREET ADDRESS TO PERS DR SE CITY-ST-ZIP C JOAK MATERIA TO MORGING SORT STREET ADDRESS TO PERS DR SE STREET ADDRESS TO PERS DR SE CITY-ST-ZIP C JOAK MATERIA TO MORGING SORT STREET ADDRESS TO PERS DR SE CITY-ST-ZIP C JOAK MATERIA TO MORGING SORT STREET ADDRESS TO PERS DR SE CITY-ST-ZIP C JOAK MATERIA TO MORGING SORT STREET ADDRESS TO PERS DR SE CITY-ST-ZIP C JOAK MATERIA TO MORGING SORT STREET ADDRESS TO PERS DR SE CITY-ST-ZIP C JOAK MATERIA TO MORGING SORT STREET ADDRESS TO PERS DR SE TO PER	-7.33	761-	141/
TITLE TREASURENT		Change	-Addition
NAME DAVIS, DANA NAME JOHN KONGIESER	DR.#	404	
STREET ADDRESS 101 CYPRESS CT STREET ADDRESS 7,617 COUR COUR	_ ,,,,	,	
CITY-ST-ZIP OLDSMAR FL 34687 CITY-ST-ZIP Clearwarter, FL	4. 337	60	
Delete ITILE Secherary		☐ Change	Addition
NAME ALBINA, JACQUIE NAME Panas			,
STREET ADDRESS 778 MERLINS CT STREET ADDRESS 1001 BUTF. Blud.			
CITY-ST-ZIP TARPON SPRINGS FL 34689 CITY-ST-ZIP @/earnater, FL. 3	4830		
TITLE Delete TITLE		Change	☐ Addition
NAME NAME .		,	-
STREET ADDRESS STREET ADDRESS			
CITY-ST-ZIP # CITY-ST-ZIP			
TITLE Delete TITLE		☐ Change	Addition
NAME NAME		v	
STREET ADDRESS STREET ADDRESS			
CITY-ST-ZIP CITY-ST-ZIP			

2. 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:

ISLAN POLOSE BELLVINE HON CHES OF

(TREASURER)

7/05/02 (12

513-1984