

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90105 007 ****61.25

DOCUMENT # 713628

1. Entity Name

CLEARWATER BREAKFAST SERTOMA CLUB, INC.

976694



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1230 S. MYRTLE ST. 302 CLEARWATER FL 33756 US	CLEARWATER BREAKFAST SERTOMA CLUB P.O. BOX 665 CLEARWATER FL 33757 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
71-3628620	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBBINS, RICHARD
1230 S. MYRTLE ST., SUITE 302
CLEARWATER FL 33756

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MANN, TIM	
STREET ADDRESS	1111 CHATHAM CT	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DANIEL RATCLIFF	
STREET ADDRESS	933 FALMOTH DR	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TERRY, WILLIAM	
STREET ADDRESS	2697 JARVIS CR	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWEENEY, RICHARD	
STREET ADDRESS	101 SUNBURST COURT	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARRY JAMIESON	
STREET ADDRESS	301 JASMINE WAY	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CONOVER, JOHN	
STREET ADDRESS	1111 BAYSHORE BLVD #C-6	
CITY-ST-ZIP	CLEARWATER FL 33759	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGG, TERRY	
STREET ADDRESS	3469 HILLMOOR DR.	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILTON, TIM	
STREET ADDRESS	1714 EMERALD DR.	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JMITH, MARK	
STREET ADDRESS	701 BAY ESPLANADE	
CITY-ST-ZIP	CLEARWATER, FL 33767	
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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONOVER, JOHN	
STREET ADDRESS	1111 BAYSHORE BLVD., #F-9	
CITY-ST-ZIP	CLEARWATER, FL 33759	

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]* **5/1/01 (727) 544-1555**

CR2E037 (10/00)