

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90021 029 ****61.25

DOCUMENT # 715908

1. Entity Name

THE CLAIRHOUSE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

315 S. 7TH AVENUE
 LAKE WORTH FL 33460

315 S. 7TH AVENUE
 LAKE WORTH FL 33460

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0031000

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RADLEIN, EDITH T.
315 SO. 7TH AVENUE,
LAKE WORTH FL 33460

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	SD	<input type="checkbox"/> Delete
NAME	RADLEIN, EDITH T	
STREET ADDRESS	315 S 7TH AVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KIREJCZYK, JOSEPH	
STREET ADDRESS	315 S 7TH AVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KUNKEL, VIOLA	
STREET ADDRESS	315 S 7TH AVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RADLEIN, EDITH T.	
STREET ADDRESS	315 S 7TH AVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHN POLLANEN	
STREET ADDRESS	315 S. 7TH AVE.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kirejczyk, Jean	
STREET ADDRESS	315 S. 7th Ave.	
CITY-ST-ZIP	LAKE WORTH, FL: 33460	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Niquette, Don	
STREET ADDRESS	315 S. 7th Ave.	
CITY-ST-ZIP	Lake Worth, FL.	
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: _____

Edith T. Radlein
 SECRETARY TREASURER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/00

CR2E037 (9/99)