

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720859

1. Entity Name

CLEARWATER HOUSING CORPORATION, INC.

Principal Place of Business

210 S. EWING AVE.
P.O. BOX 960
CLEARWATER FL 33757
US

Mailing Address

210 S. EWING AVE.
P.O. BOX 960
CLEARWATER FL 33757
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2480498

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GILMORE, RICARDO L.
101 E KENNEDY BLVD
SUITE 3200
TAMPA FL 33601

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
After September 12, 2001, min. will be \$236.25

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
NAME AUDE, ROBERT J
STREET ADDRESS 1719 BRENTWOOD DR
CITY-ST-ZIP CLEARWATER FL 33756 ☐ Delete

TITLE SD
NAME MORRONI, JOHN
STREET ADDRESS 3221 BELLEAIR RD., SUITE C
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE PD
NAME BOMSTEIN, ALAN
STREET ADDRESS 620 DREW STREET
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE D
NAME ESPEY, JOHN
STREET ADDRESS 345 EDGEWATER DR.
CITY-ST-ZIP DUNEDIN FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

REQUIRED

07.17.01

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90005 001 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)