

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90471 047 ****61.25

DOCUMENT # 723659

1. Entity Name

JAPANESE GARDENS LOT RENTERS PROTECTIVE ASSOCIATION OF CLEARWATER, INC.



Principal Place of Business

**2674 RICKSHAW DR.
CLEARWATER FL 33764
US**

Mailing Address

**2674 RICKSHAW DR.
CLEARWATER FL 33764
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 **59-3433306**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JOHN RAVNER
2674 RICKSHAW DR.
CLEARWATER FL 33764**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	EVELAND, JAMES	
STREET ADDRESS	2679 TEAKWOOD DR.	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CHANNELL, LEWIS	
STREET ADDRESS	1207 PEKINESS DR	
CITY-ST-ZIP	CLEARWATER FL-33764	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETROSINO, RONALD	
STREET ADDRESS	1280 S. KIMODA DR.	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOESCHEN, JEANNE	
STREET ADDRESS	2635 SUMO DR	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RAVENER, JOHN	
STREET ADDRESS	2674 RICKSHAW DR	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, AL	
STREET ADDRESS	1291 S. KIMONA DR	
CITY-ST-ZIP	CLEARWATER FL 33764	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ENT- ROBERT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2624 FUJIANA DR	
STREET ADDRESS	CLEARWATER FL. 33764	
CITY-ST-ZIP		
TITLE	CHAPUT- RUSSELL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2637 FUJIANA DR	
STREET ADDRESS	CLEARWATER FL. 33764	
CITY-ST-ZIP		
TITLE	DRISCOLL RICHARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2678 RICKSHAW DR	
STREET ADDRESS	CLEARWATER FL. 33764	
CITY-ST-ZIP		
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 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:

SIGNATURE *John Ravener*

4/25/03 27-536-3403

CR2E037 (10/02)