

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90087 003 ****61.25

DOCUMENT # 733891

1. Entity Name

CLEARWATER JAYCEES, INC.



Principal Place of Business

**2754 SUNSET POINT ROAD
CLEARWATER FL 33754**

Mailing Address

**P.O. BOX 4703
CLEARWATER FL 33765**

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 **59-0699162**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAMON, GARY M
10448 137TH LANE NORTH
LARGO FL 33774**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	T/D DAMON, GARY M	<input type="checkbox"/> Delete
STREET ADDRESS	10448 137TH LANE N	
CITY-ST-ZIP	LARGO FL 33774	
TITLE NAME	P/D CLERMONT, LAWRENCE	<input type="checkbox"/> Delete
STREET ADDRESS	3677 EL CAMINO CT	
CITY-ST-ZIP	LARGO FL 33771	
TITLE NAME	V/D MUSIC, ALAN K	<input type="checkbox"/> Delete
STREET ADDRESS	1707 IMPERIAL PALM DR	
CITY-ST-ZIP	LARGO FL 33771	
TITLE NAME	S/D GILMER, VERA	<input type="checkbox"/> Delete
STREET ADDRESS	1593 LIMA WAY	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED

4/30/03

727-531-5975

CR2E037 (10/02)