

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90016 007 ****61.25

DOCUMENT # 760174

1. Entity Name

CLEARWATER POINT, INC., NO. 8

Principal Place of Business

Mailing Address

830 S. GULFVIEW BLVD #1001
 CLEARWATER BEACH FL 34630

830 S. GULFVIEW BLVD #1001
 CLEARWATER BEACH FL 33767-3028

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2223760

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

PAZAN, PAUL
 800 S GULFVIEW BLVD
 STE. 907
 CLEARWATER FL 34630

Name: **Sterling Management**
 Street Address (P.O. Box Number is Not Acceptable): **2880 Sehenes Dr. Suite 840**
 City: **St Petersburg** FL Zip Code: **33716**

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:

4-5-00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	PAZAN, PAUL	800 S GULFVIEW BLVD. 907	CLEARWATER BEACH FL	<input type="checkbox"/>
S	MARTINELLI, PAT	800 S. GULFVIEW BLVD. #706	CLEARWATER FL	<input checked="" type="checkbox"/>
TD	SABARESE, AL	800 S. GULFVIEW BLVD, #407	CLEARWATER FL 33767	<input checked="" type="checkbox"/>
VPD	CLARENCE VINCENT	830 S GULFVIEW BLVD #305	CLEARWATER FL 33767	<input type="checkbox"/>
D	GARRETT, JIM	830 S. GULFVIEW BLVD., #405	CLEARWATER FL	<input checked="" type="checkbox"/>
T	MOTTER, JEANNE	800 S GULFVIEW BLVD 508	CLEARWATER FL 33767	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	Don Ferris "VPD"	800 S. Gulfview Blvd. # 503	Clearwater FL 33767	<input checked="" type="checkbox"/>
	Clarence Vincent "TD"	830 S. Gulfview Blvd # 305	Clearwater FL 33767	<input checked="" type="checkbox"/>
	Cliff Albrecht "D"	830 S. Gulfview Blvd # 705	Clearwater FL 33767	<input checked="" type="checkbox"/>
	Kentynes "SD"	800 S. Gulfview Blvd. #807	Clearwater FL 33767	<input checked="" type="checkbox"/>
	Ron Truhlar	800 S. Gulfview Blvd. #604	Clearwater FL 33767	<input checked="" type="checkbox"/>

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: **PAZAN, PAUL**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-00 2955555
 Date Daytime Phone #

CR2E037 (9/99)