

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760494

1. Entity Name

CLEARWATER AQUATICS BOOSTERS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90072 001 ****61.25

Principal Place of Business

Mailing Address

2432 STAG RUN BLVD
 CLEARWATER FL 33765
 US

2432 STAG RUN BLVD
 CLEARWATER FL 33765-1832
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

% Maureen Johnston

3. Mailing Address

% Maureen Johnston

Suite, Apt. #, etc.

1630 Pinewood Drive

Suite, Apt. #, etc.

1630 Pinewood Drive

City & State

Clearwater Florida

City & State

Clearwater Florida

4. FEI Number

59-2169574

Applied For

Not Applicable

Zip

33756

Country

USA

Zip

33756

Country

U.S.A.

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

HAYNES, MICHELLE
 1004 WILLOW BRANCH AVE
 CLEARWATER FL 33764

Name **RODERICK B. STUART**

Street Address (P.O. Box Number is Not Acceptable)

1539 RIDGEWOOD ST.

City **CLEARWATER, FL FL**

Zip Code **33755**

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 Roderick B. Stuart (Roderick B. Stuart)

4/10/00

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	D	<input type="checkbox"/> Delete
NAME	BIONDI, JAMIE	
STREET ADDRESS	215 ELIZABETH AVE S	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STRIKOWSKY, STEPHANIE	
STREET ADDRESS	2432 STAG RUN BLVD	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HAYNES, MICHELLE	
STREET ADDRESS	1004 WILLOW BRANCH AVE	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, SHARON	
STREET ADDRESS	89 WINDWARD ISLAND	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSTON, MAUREEN	
STREET ADDRESS	1630 PINEWOOD DR	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maureen Johnston	
STREET ADDRESS	1630 Pinewood Drive	
CITY-ST-ZIP	Clearwater FL 33756	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark Kimball	
STREET ADDRESS	1020 Flushing Ave.	
CITY-ST-ZIP	Clearwater FL 33764	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roderick Stuart	
STREET ADDRESS	1539 Ridgewood St.	
CITY-ST-ZIP	Clearwater FL 33755	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Trunk.	
STREET ADDRESS	1583 Budleigh St.	
CITY-ST-ZIP	Clearwater FL 33756	
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: Maureen Johnston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00

Date

727-443-6998

Daytime Phone #