

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90264 008 \*\*\*\*61.25

**DOCUMENT # 760494**

1. Entity Name

**CLEARWATER AQUATICS BOOSTERS, INC.**

Principal Place of Business

Mailing Address

C/O MAUREEN JOHNSTON  
 1630 PINWOOD DR  
 CLEARWATER FL 33765  
 US

C/O MAUREEN JOHNSTON  
 1630 PINWOOD DR  
 CLEARWATER FL 33765  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2169574**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**STUART, RODERICK B**  
**1539 RIDGEWOOD ST**  
**CLEARWATER FL 33755**

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**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BIONDI, JAMIE</b>	NAME	
STREET ADDRESS	<b>215 ELIZABETH AVE S</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 33759</b>	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSTON, MAUREEN</b>	NAME	
STREET ADDRESS	<b>1630 PINWOOD DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 33756</b>	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIMBALL, MARK</b>	NAME	
STREET ADDRESS	<b>1020 FLUSHING AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 33764</b>	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STUART, RODERICK</b>	NAME	
STREET ADDRESS	<b>1539 RIDGEWOOD ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 33755</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRUNK, PAUL</b>	NAME	
STREET ADDRESS	<b>1583 BUDLEIGH ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 33756</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Roderick B. Stuart **REQUIRED RODERICK STUART** 1/27/01 727-446-5858  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)