

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

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90061 013 ****61.25

DOCUMENT # 760494



1. Entity Name
CLEARWATER AQUATICS BOOSTERS, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

**C/O PAUL ANDERSON
Suite, Apt. #, etc.
2186 Cypress Pt. Dr. N.**

3. Mailing Address

**C/O PAUL ANDERSON
Suite, Apt. #, etc.
2186 Cypress Pt. Dr. N.**

City & State
CLEARWATER, FL

City & State
CLEARWATER, FL.

Zip
33763

Country
US

Zip
33763

Country
US

4. FEI Number **59-2169574**

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

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

7. Name and Address of New Registered Agent

Name **ANDERSON, PAUL M.**
Street Address (P.O. Box Number is Not Acceptable)
2186 Cypress Pt. Dr. N.
City **CLEARWATER** FL Zip Code **33763**

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 Paul M. Anderson
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/30/2003
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 NAME STREET ADDRESS CITY-ST-ZIP	D BIONDI, JAMIE 215 ELIZABETH AVE S CLEARWATER FL 33759	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSTON, MAUREEN 1630 PINWOOD DR CLEARWATER FL 33756	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KIMBALL, MARK 1020 FLUSHING AVE CLEARWATER FL 33764	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STUART, RODERICK 1539 RIDGEWOOD ST CLEARWATER FL 33755	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STUART, LINDA 1539 RIDGEWOOD STREET CLEARWATER FL 33755	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASTAGNA, CHARLES 410 HILLTOP AVE CLEARWATER, FL 33755	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIMBALL, MARK 1020 FLUSHING AVE CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDERSON, PAUL M. 2186 Cypress Pt. Dr. N. CLEARWATER, FL 33763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDERSON, PENNY L. 2186 Cypress Pt. Dr. N. CLEARWATER, FL 33763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SPONTANEOUSLY REQUIRED

3/30/2003

813-225
8563

CR2E037 (10/02)