

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

May 27, 2002 8:00 am Secretary of State DOCUMENT # N00000002699 1. Entity Name 05-27-2002 90447 008 ****61.25 CLEARWATER COUNTRY CLUB MANAGEMENT, INC. Principal Place of Business Mailing Address 525-MORTH BETTY LANE 525 NORTH BETTY LANE CLEARWATER FL 33756 CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3697958 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DORAN, PONALISYLY ROLAND L. DORAN 511 080 FOLAX GOAD 3945 HARBOR HILLS BEKLEAUDATILX38756K LARGO, FL. City 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. 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 MILE Delete TITLE ☐ Addition Change NAME Bailey, John C NAME STREET ADDRESS 1647 ST. PAULS DR. STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP CLEARWATER FL 33764 TITLE PD ☐ Delete TITLE Z Change ■ Addition NAME Doran, Roland L NAME STREET ADDRESS 511 OSCEOLA ROAD STREET ADDRESS 3945 HARBOR HILLS DR. CITY-ST-ZIP CLEARWATER FL 33756 CITY-ST-ZIP PARGO: FL: 33770-TITLE ☐ Delete TITLE (P) Change ☐ Addition NAME PIGESARE, HELEN NAME DIGESARE, HELEN STREET ADDRESS **500 N BETTY LANE** STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33755** CITY-ST-ZIP TITLE ☐ Delete TITLE SD Спапре ☐ Addition NAME ABRAHAM, RONALD NAME STREET ADDRESS 225 COUNTRY CLUB ROAD STREET ADDRESS CITY-ST-ZIP ARGO FL 33771 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME MAME HENDERSON, DONALD STREET ADDRESS STREET ADDRESS 1348 WHISPERING: PINES DR CITY-ST-7IP CITY-ST-ZIP CLEARWATER, FL. 33764 TITLE ☐ Delete MLE Channe ☐ Addition NAME STREET ADDRESS STREET ADORESS 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