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

Jan 24, 2003 8:00 am **Secretary of State** DOCUMENT # N00000002699 01-24-2003 90042 046 ****61.25 1. Entity Name CLEARWATER COUNTRY CLUB MANAGEMENT, INC. Principal Place of Business Mailing Address 525 NORTH 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. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3697958 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired --- -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DORAN, RONALD L Street Address (P.O. Box Number is Not Acceptable) 511 OSCEOLA ROAD BELLEAIR FL 33756 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. I am familiar with, and accept SIGNATURE DATE ed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TD TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME BAILEY, JOHN C NAME 1647 ST. PAULS DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33764** CITY-ST-ZIP Delete ☐ Addition TITLE TITI F M Change DORAN, ROLAND L NAME NAME STREET ADDRESS 511 OSCEOLA ROAD STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33756** CITY-ST-ZIP VPD. _ _ _ TITLE Delete TITLE PIGESARE, HELEN NAME NAME STREET ADDRESS STREET ADDRESS 500 N BETTY LANE CITY-ST-7IP **CLEARWATER FL 33755** CITY-ST-ZIP Delete DITLE TITLE Change ☐ Addition ABRAHAM, RONALD NAME NAME 225 COUNTRY CLUB ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 3377**‡ TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

FILED

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 truetee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP