2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
05-05-2002 90081 041 ****61.25

DOCUMENT # N00000006677

1. Entity Name

CLEARWATER TORNADOES GOLF BOOSTERS, INC.

Principal Place of Business	Mailing Address
CLEARWATER HIGH SCHOOL 540 SOUTH HERCULES AVENUE CLEARWATER FL 33756	CLEARWATER HIGH SCHOOL 540 SOUTH HERCULES AVENUE CLEARWATER FL 33756

332604

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

D. GLENN HUBBARD
1620 FLAGSTONE COURT
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name Joe Homolash
Street Address (P.O. Box Number is Not Acceptable) 4430 Indianapolis St NE
City St Petersburg FL Zip Code 33703

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 Joe Homolash
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 4/19/02

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D HUBBARD, DELBERT G 1620 FLAGSTONE CT CLEARWATER FL 33758	☒ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D HOMOLASH, JOE 7229 AMHURST WAY CLEARWATER FL 33764	☒ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S/ KEREKES, JOE 1694 OAK PLACE CLEARWATER FL 33755	☒ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Joe Homolash 4430 Indianapolis St NE St. Petersburg, FL 33703	☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Pam Gleason 1481 Country Oaks Ln Clearwater, FL 337	☐ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Colleen Homolash 7229 Amhurst Way Clearwater, FL 33764	☐ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/19/02

Daytime Phone # 7275261901