

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000006677

FILED  
Apr 22, 2003  
Secretary of State

**Entity Name:** CLEARWATER TORNADOES GOLF BOOSTERS, INC.

**Current Principal Place of Business:**

CLEARWATER HIGH SCHOOL  
540 SOUTH HERCULES AVENUE  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

CLEARWATER HIGH SCHOOL  
540 SOUTH HERCULES AVENUE  
CLEARWATER, FL 33756

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOMOLASH, JOE  
4430 INDIANAPOLIS STREET NE  
SAINT PETERSBURG, FL 33703 US

**Name and Address of New Registered Agent:**

WARNER, DAVID G PRES.  
2185 BURNICE DR.  
CLEARWATER, FL 33764 US

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: DAVID G. WARNER

04/22/2003

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOMOLASH, JOE  
Address: 4430 INDIANAPOLIS STREET NE  
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: TD ( ) Delete  
Name: GLEASON, PAM  
Address: 1481 COUNTRY OAKS LANE  
City-St-Zip: CLEARWATER, FL 33767

Title: VD ( ) Delete  
Name: HOMOLASH, COLLEEN  
Address: 7229 AMNHURST WAY  
City-St-Zip: CLEARWATER, FL 33764

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WARNER, DAVID  
Address: 2185 BURNICE DR.  
City-St-Zip: CLEARWATER, FL 33764 US

Title: TD (X) Change ( ) Addition  
Name: GLEASON, PAM  
Address: 1481 COUNTRY OAKS LANE  
City-St-Zip: CLEARWATER, FL 33767 US

Title: VD (X) Change ( ) Addition  
Name: GOODELL, SUE  
Address: 1200 WELLINGTON DR.  
City-St-Zip: CLEARWATER, FL 33764 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID G. WARNER

PD

04/22/2003

Electronic Signature of Signing Officer or Director

Date