

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000007330**

1. Entity Name

THE JUNIOR LEAGUE OF CLEARWATER-DUNEDIN FOUNDAT

Principal Place of Business

**1465 S. FORT HARRISON STE 202
CLEARWATER FL 33756**

Mailing Address

**1465 S. FORT HARRISON STE 202
CLEARWATER FL 33756**

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

☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STANLEY, GYNETH S
1465 S. FORT HARRISON STE 202
CLEARWATER FL 33756**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating.)

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	DUNCAN, HOLLY	2724 BURNING TREE LANE CLEARWATER FL 33761	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	RABON, KATHY	107 PARK STREET SAFETY HARBOR FL 34695	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	CROWN, KAREN	2 SEASIDE LANE #104 BELLEAIR FL 33756	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	STANLEY, GYNETH S	421 DRUID ROAD CLEARWATER FL 33756	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	COCHRAN, RENETTA	11432 CIMARON CIRCLE W LARGO FL 33774	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	BENJAMIN, SUSAN	1778 CROSS CREEK WAY W DUNEDIN FL 34698	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-8-01 (727) 449-0004

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90467 032 ****61.25

UUU50169



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)