

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90355 041 ****61.25

DOCUMENT # N00000007330

1. Entity Name

**THE JUNIOR LEAGUE OF CLEARWATER-DUNEDIN FOUNDATI
ON, INC.**

Principal Place of Business

Mailing Address

1465 S. FORT HARRISON STE 202
CLEARWATER FL 33756

1465 S. FORT HARRISON STE 202
CLEARWATER FL 33756

80075161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **26-0046220**
APPLIED FOR

Applied For
Not Applicable

5. 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 ☐ Delete
NAME **DUNCAN, HOLLY**
STREET ADDRESS **2724 BURNING TREE LANE**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **RABON, KATHY**
STREET ADDRESS **107 PARK STREET**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **CROWN, KAREN**
STREET ADDRESS **2 SEASIDE LANE #104**
CITY-ST-ZIP **BELLEAIR FL 33756**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **STANLEY, GYNETH S**
STREET ADDRESS **421 DRUID ROAD**
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **COCHRAN, RENETTA**
STREET ADDRESS **11432 CIMARON CIRCLE W**
CITY-ST-ZIP **LARGO FL 33774**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **BENJAMIN, SUSAN**
STREET ADDRESS **1778 CROSS CREEK WAY W**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☒ Change ☐ Addition
NAME **Nancy Sawayda**
STREET ADDRESS **1825 Brentwood Dr.**
CITY-ST-ZIP **Clearwater, FL 33746**

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

3/12/02

(727) 449-0004

CR2E037 (9/01)