

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/19

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90172 049 \*\*\*\*61.25

**DOCUMENT # N01000001028**

1. Entity Name

**CLEARWATER COMMUNITY-BASED DEVELOPMENT ORGANIZATION, INC.**

Principal Place of Business

Mailing Address

595 MAIN ST  
DUNEDIN FL 34698

595 MAIN ST  
DUNEDIN FL 34698

2. Principal Place of Business

1417 Pinebrook Dr.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-3743612

Applied For

Not Applicable

Zip

33755

Country

Amellas

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRANDT, MARK W  
595 MAIN ST  
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name Douglas J. Williams

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

2544 FAISCO DR.

Clearwater, FL

City

FL

Zip Code

33761

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

Douglas J. Williams

Douglas J. Williams

April 26, 2002

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

(If a 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

TITLE	P	<input type="checkbox"/> Delete
NAME	HARRIS, CHARLIE	
STREET ADDRESS	595 MAIN ST	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARBER, LARON (D)	
STREET ADDRESS	595 MAIN ST	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WHITFIELD, EDDIE	
STREET ADDRESS	595 MAIN ST	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENA YOUNG GREEN (D)	
STREET ADDRESS	3406 N. AVON AVE	
CITY-ST-ZIP	TAMPA, FL 33603	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas J. Williams (D)	
STREET ADDRESS	2544 FAISCO DR.	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

April 26, 2002

Date

Daytime Phone #

727

725-3345

CR2E037 (9/01)