

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01262

1. Entity Name

CLEARWATER ARTISTS' LEAGUE, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90081 049 \*\*\*\*61.25

Principal Place of Business

Mailing Address

CLEARWATER LIBRARY  
100 N. OSCEOLA AVE.  
CLEARWATER FL 34615  
US

3042 OAK FOREST DR N  
CLEARWATER FL 33759-1805  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

CLEARWATER LIBRARY

3042 OAK FOREST DR N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100 N. OSCEOLA AVE

CLEARWATER

City & State

City & State

CLEARWATER FL

FL

Zip

Country

Zip

Country

34615

US

33759-1805

US

4. FEI Number

59-2402434

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

DAY, ANNE  
1401 BYRAN DR  
CLEARWATER FL 33455

Name

ANNE DAY

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

1401 BYRAN DR

City

CLEARWATER

FL

Zip Code

33455

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	PD DAY, ANNE 1401 BYRAN DR CLEARWATER FL 33755	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BESSER, VERA 880 MANDALAY APT C 515 CLEARWATER FL 34630	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUEGGER, VIV 3042 OAK FOREST DRIVE NORTH CLEARWATER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOWE, JOHN 880 MANDALAY AVENUE S-704 CLEARWATER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Vivian Ruegger FVILVRRuegger

April 20, 2000 (727-797-0284)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)