

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01828

1. Entity Name

CLEARWATER MEDICAL ARTS CONDOMINIUM ASSOCIATION.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90094 038 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O RICHARD MCKIBBEN 1201 S. HIGHLAND AVE., S-3 CLEARWATER FL 33756 US		Mailing Address C/O RICHARD D. MCKIBBEN 1201 S. HIGHLAND AVE., S-3 CLEARWATER FL 33756-4359 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2483289		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCKIBBEN, RICHARD D DOS 1201 S. HIGHLAND AVE S-3 CLEARWATER FL 34616		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAGLE, JACK 1201 S. HIGHLAND AVE., S-5 CLEARWATER FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Phil Cousineau 1201 S. Highland Ave, S6 Clearwater, FL 33756 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEIDL, FRANK J. 1201 S HIGHLAND AVE S-9 CLEARWATER FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frank Wainscott 1201 S. Highland Ave., S2 Clearwater, FL 33756 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCKIBBEN, RICHARD D 1201 S HIGHLAND AVE S-S CLEARWATER FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard D. mckibben, DOS 1201 S. Highland Ave., S3 Clearwater, FL 33756 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 5-1-2000 727-446-7332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #