

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07203

1. Entity Name

GREATER CLEARWATER CHAMBER OF COMMERCE, INC.

Principal Place of Business

1130 CLEVELAND ST.
CLEARWATER FL 33755
US

Mailing Address

1130 CLEVELAND ST.
CLEARWATER FL 33755
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0196955

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MEIDEL, MICHAEL G
1130 CLEVELAND ST.
CLEARWATER FL 33755

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	TD DUFFY, PAT 121 N OSCEOLA AVE CLEARWATER FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRAY, GARY S 1150 CLEVELAND STREET CLEARWATER FL 33755	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ARMSTRONG, E.D. 911 CHESTNUT CLEARWATER FL 34616	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURPHY, FRANK 17757 US HWY 19 N # 100 CLEARWATER FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONNELLY, JOHN P 630 CHESTNUT ST. CLEARWATER FL 33756	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUCAN, HOLLY 1200 DAVID ROAD CLEARWATER FL 33757	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Raymond Ferrara 611 E. Druid Road #105 Clearwater FL 33756-3957	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD 16331 Bay Vista Drive Clearwater, FL 33760	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUNCAN, HOLLY 1200 Druid Road	☒ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90201 034 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)