

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90017 033 ****61.25

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**

B0090767



DO NOT WRITE IN THIS SPACE

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 ☐ Delete
 NAME **TD**
 STREET ADDRESS **FERRARA, RAYMOND**
 CITY-ST-ZIP **611 E DAVOD RD 105
 CLEARWATER FL 33756-3957**

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **GRAY, GARY S**
 CITY-ST-ZIP **1150 CLEVELAND STREET
 CLEARWATER FL 33755**

TITLE ☒ Change ☐ Addition
 NAME **CD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **VD**
 STREET ADDRESS **ARMSTRONG, E.D.**
 CITY-ST-ZIP **911 CHESTNUT
 CLEARWATER FL 34816**

TITLE ☐ Change ☐ Addition
 NAME **VD**
 STREET ADDRESS **Gloria Campbell**
 CITY-ST-ZIP **23494 US Hwy 19 N
 Clearwater, FL 33765-1561**

TITLE ☐ Delete
 NAME **CD**
 STREET ADDRESS **MURPHY, FRANK**
 CITY-ST-ZIP **16331 BAY VISTA DRIVE
 CLEARWATER FL 33760**

TITLE ☒ Change ☐ Addition
 NAME **VD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **VD**
 STREET ADDRESS **CONNELLY, JOHN P**
 CITY-ST-ZIP **630 CHESTNUT ST.
 CLEARWATER FL 33756**

TITLE ☐ Change ☐ Addition
 NAME **VD**
 STREET ADDRESS **Ed Droste**
 CITY-ST-ZIP **1700 McMullen Booth Rd #B5
 Clearwater, FL 33759**

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **DUNCAN, HOLLY**
 CITY-ST-ZIP **1200 DAVID ROAD
 CLEARWATER FL 33757**

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

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

Chairman of Board

4/9/02

(727) 298-1262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)