

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33323

1. Entity Name

ROTARY CLUB OF CLEARWATER BEACH CHARITIES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 10782  
CLEARWATER FL 34617

P.O. BOX 10782  
CLEARWATER FL 33757-8782  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2965171

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

RIVES, HOWARD, P, III  
1265 S MYRTLE AVE  
CLEARWATER FL 34616

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

02/15/00  
2/16/00

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	T BONNINGTON, A D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2720 JEWEL RD	
CITY-ST-ZIP	BELLAIR BLUFFS FL 11	
TITLE NAME	D HAMILTON, HOYT P	<input type="checkbox"/> Delete
STREET ADDRESS	2020 CORONET LN	
CITY-ST-ZIP	CLEARWATER FL	
TITLE NAME	D DAMSKER, WENDY S	<input type="checkbox"/> Delete
STREET ADDRESS	SEA WAKE RESORTS, 445 HAMDEN DR	
CITY-ST-ZIP	CLEARWATER FL	
TITLE NAME	T FECKNER, BOB	<input type="checkbox"/> Delete
STREET ADDRESS	BSA 11046 JOHNSON BLVD	
CITY-ST-ZIP	SEMINOLE FL	
TITLE NAME	T AYERS, JAMES T	<input type="checkbox"/> Delete
STREET ADDRESS	567 S. DUNCAN	
CITY-ST-ZIP	CLEARWATER FL 33758	
TITLE NAME	D HAYES, ELIZABETH F	<input type="checkbox"/> Delete
STREET ADDRESS	418 MIDWAY ISLAND	
CITY-ST-ZIP	CLEARWATER FL 33767	

TITLE NAME	"T" CRAIG WEST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	FIRST NATL BANK OF FLORIDA	
CITY-ST-ZIP	100 ISLAND WAY CLEARWATER BEACH FL 33767	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	"VP"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	"P"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	"S"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/00

Date

(727) 723-7788

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

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