

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**  
 02-28-2001 90012 030 \*\*\*\*61.25

**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 33757-782  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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**

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 **WEST, CRAIG**  
 STREET ADDRESS **100 ISLAND WAY**  
 CITY-ST-ZIP **CLEARWATER FL 33767**

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

TITLE ☒ ☐ Delete  
 NAME **D HAMILTON, HOYT P**  
 STREET ADDRESS **2020 CORONET LN**  
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☒ Change ☒ Addition  
 NAME **CARI W. ASHBAUGH**  
 STREET ADDRESS **BEACH SPA 641 1/2 MANDALAY AVE.**  
 CITY-ST-ZIP **CLEARWATER BEACH FL 33767**

TITLE ☒ ☐ Delete  
 NAME **D DAMSKER, WENDY S**  
 STREET ADDRESS **SEA WAKE RESORTS, 445 HAMDEN DR**  
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☒ Change ☐ Addition  
 NAME **ANGELA MONTEITH**  
 STREET ADDRESS **BOUCHARD INS 101 STARCREST DR**  
 CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE ☒ ☐ Delete  
 NAME **VP FECKNER, BOB**  
 STREET ADDRESS **BSA 11046 JOHNSON BLVD**  
 CITY-ST-ZIP **SEMINOLE FL**

TITLE ☒ Change ☐ Addition  
 NAME **LISA CHANDLER**  
 STREET ADDRESS **ALEXANDRA'S - 56 CAUSWAY BLVD**  
 CITY-ST-ZIP **CLEARWATER BEACH FL 33767**

TITLE ☒ ☐ Delete  
 NAME **P AYERS, JAMES T**  
 STREET ADDRESS **567 S. DUNCAN**  
 CITY-ST-ZIP **CLEARWATER FL 33758**

TITLE ☒ Change ☐ Addition  
 NAME **ELIZABETH BOWER**  
 STREET ADDRESS **CLEARWATER CHMBR - PO Box 2457**  
 CITY-ST-ZIP **CLEARWATER FL 33757**

TITLE ☒ ☐ Delete  
 NAME **S HAYES, ELIZABETH F**  
 STREET ADDRESS **418 MIDWAY ISLAND**  
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE ☐ Change ☐ Addition  
 NAME **BOB CLIFFORD**  
 STREET ADDRESS **HUNTINGTON BANK - 423 MANDALAY AVE**  
 CITY-ST-ZIP **CLEARWATER BEACH FL 33767**

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, without other like empowered.

SIGNATURE:

*ELIZABETH F HAYES* SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-17-01

Date

(727) 723-7788

Daytime Phone #

CR2E037 (10/00)