

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90046 004 ****61.25

DOCUMENT # N33323

1. Entity Name

ROTARY CLUB OF CLEARWATER BEACH CHARITIES, INC.

Principal Place of Business

**P.O. BOX 10782
CLEARWATER FL 34617**

Mailing Address

**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

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

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

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

TITLE **D** ☐ Change ☒ Addition
NAME **HILMER BECKERS**
STREET ADDRESS **PHARMALINK 1771 COACHMAN PLAZA**
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE **D** ☐ Delete
NAME **MONTEITH, ANGELA**
STREET ADDRESS **BOUCHARD INS 101 STARCREST DR.**
CITY-ST-ZIP **CLEARWATER FL 33765**

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

TITLE **D** ☐ Delete
NAME **CHANDLER, LISA**
STREET ADDRESS **ALEXANDRA'S-56 CAUSEWAY BLVD.**
CITY-ST-ZIP **CLEARWATER FL 33767**

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

TITLE **D** ☐ Delete
NAME **BOWER, ELIZABETH**
STREET ADDRESS **CLEARWATER CHBR-P.O. BOX 2457**
CITY-ST-ZIP **CLEARWATER FL 33757**

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

TITLE **D** ☐ Delete
NAME **CLIFFORD, BOB**
STREET ADDRESS **HUNTINGTON BANK- 423 MANDALAY AVE.**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)