

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36488

1. Entity Name

CLEARWATER ACADEMY INTERNATIONAL, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90025 024 ****70.00

Principal Place of Business

Mailing Address

801 DREW ST
 CLEARWATER FL 33755
 US

801 DREW ST
 CLEARWATER FL 33755-4517
 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

59-2987746

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHIPMAN, PAM 809 LAKE FOREST RD. CLEARWATER FL 33765	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, SUZANNE 1461 NORTH RIDGE LANE CIRCLE CLEARWATER FL 33755	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FELDMAN, JEFFREY 411 DRUID RD W CLEARWATER FL 33756	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FELDMAN, SIKICA 411 DRUID RD W CLEARWATER FL 33756	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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: Pamela Chipman, Pamela Chipman 3/7/00 (727) 446-1722

CR2E037 (9/99)