

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N50868

FILED  
Jan 11, 2002 8:00 AM  
Secretary of State

**Entity Name:** CLEARWATER HOUSING OPPORTUNITIES, INC.

**Current Principal Place of Business:**

PO BOX 960  
CLEARWATER, FL 33757 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 960  
CLEARWATER, FL 33757 US

**New Mailing Address:**

**FEI Number:** 59-3181062

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GILMORE, RICARDO L.  
101 E KENNEDY BLVD  
SUITE 3200  
TAMPA, FL 33601 US

**Name and Address of New Registered Agent:**

FORMAN, SCOTT A  
1680 N.E. 135TH STREET  
NORTH MIAMI, FL 33181 US

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: SCOTT A. FORMAN

01/11/2002

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: STUART, RONALD,  
Address: 2581 COUNTRYSIDE BLVD  
City-St-Zip: CLEARWATER, FL

Title: VSD ( ) Delete  
Name: CARLEY, C DAVID JR,  
Address: 763 HARBOR ISLAND  
City-St-Zip: CLEARWATER, FL

Title: PD ( ) Delete  
Name: BOMSTEIN, ALAN,  
Address: 1015 VICTORIA DR  
City-St-Zip: DUNEDIN, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN BOMSTEIN

PD

01/11/2002

Electronic Signature of Signing Officer or Director

Date