

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000291

1. Entity Name

CLEARWATER JAZZ HOLIDAY, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90303 035 ****61.25

Principal Place of Business

PO BOX 7278
CLEARWATER FL 34618

Mailing Address

331 S MISSOURI AVE
CLEARWATER FL 33756-5833
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

59-3151781

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

SULLIVAN, C.A. ESQ
311 S MISSOURI AVE
CLEARWATER FL 33756

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 PD ☒ Delete
NAME SCOTTI, VICKI
STREET ADDRESS 200 CENTRAL AVENUE., #1800
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE VPD ☐ Change ☒ Addition
NAME Kingsbury, Jean
STREET ADDRESS 29101 US 19 NO.
CITY-ST-ZIP Clearwater FL 33761

TITLE VPD ☐ Delete
NAME REID, BARB
STREET ADDRESS 16 FERNBROOKE DR
CITY-ST-ZIP SAFTEY HARBOR FL

TITLE PD ☒ Change ☐ Addition
NAME Reed, Barb

TITLE TD ☒ Delete
NAME SNYDER, CRIS
STREET ADDRESS 11525 47TH STREET NORTH
CITY-ST-ZIP CLEARWATER FL 33765

TITLE TD ☐ Change ☒ Addition
NAME CHRISTIAN, peter
STREET ADDRESS 1160 ISLEWILD DR. N.
CITY-ST-ZIP DUNEDIN FL 34698

TITLE SD ☒ Delete
NAME CHANDLER, LISA
STREET ADDRESS 1530 CHATEAU WOOD DR
CITY-ST-ZIP CLEARWATER FL

TITLE SD ☐ Change ☒ Addition
NAME Degarmo Den a
STREET ADDRESS 2353 Lorena Lne
CITY-ST-ZIP Clearwater FL 33765

TITLE D ☒ Delete
NAME SULLIVAN, C.A.
STREET ADDRESS 311 S MISSOURI AVE
CITY-ST-ZIP CLEARWATER FL 33755

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

TITLE D ☒ Delete
NAME HENDERSON, PHIL
STREET ADDRESS PO BOX 3563
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Change ☐ Addition
NAME
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

Date

Daytime Phone #

CR2E037 (9/99)