

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90176 002 \*\*\*\*61.25

CUU57474

DO NOT WRITE IN THIS SPACE

DOCUMENT # N92000000291

1. Entity Name

CLEARWATER JAZZ HOLIDAY, INC.

Principal Place of Business

P O BOX 7278  
CLEARWATER FL 33758

Mailing Address

311 S MISSOURI AVE  
CLEARWATER FL 33756  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

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

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

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

VPD  
TITLE NAME KINGSBURY, JEAN ☒ Delete  
STREET ADDRESS 29101 US 19 N  
CITY-ST-ZIP CLEARWATER, FL 33761PD  
TITLE NAME REID, BARBARA ☒ Delete  
STREET ADDRESS 16 FERNBROOKE DR  
CITY-ST-ZIP SAFETY HARBOR, FLTD  
TITLE NAME CHRISTIAN, PETER ☐ Delete  
STREET ADDRESS 1160 IDLEWILD DR N  
CITY-ST-ZIP DUNEDIN, FL 34698SD  
TITLE NAME DEGARMO, DENA ☐ Delete  
STREET ADDRESS 2353 LORENA LN  
CITY-ST-ZIP CLEARWATER, FL 33765D  
TITLE NAME SULLIVAN, C.A. ☒ Delete  
STREET ADDRESS 311 S MISSOURI AVE  
CITY-ST-ZIP CLEARWATER, FL 33756D  
TITLE NAME HENDERSON, PHIL ☒ Delete  
STREET ADDRESS PO BOX 3563  
CITY-ST-ZIP CLEARWATER, FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

PDVP  
TITLE NAME GARCIA, WAYNE ☐ Change ☒ Addition  
STREET ADDRESS 3302 WALLCRAFT AVE  
CITY-ST-ZIP TAMPA, FL 33611☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/01

# (813) 835-0712

Date

Daytime Phone #

CR2E037 (11/00)