

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90516 044 \*\*\*\*61.25

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**DOCUMENT # N92000000291**

1. Entity Name

**CLEARWATER JAZZ HOLIDAY, INC.**



Principal Place of Business

**PO BOX 727R  
CLEARWATER FL 34618**

Mailing Address

**311 S MISSOURI AVE  
CLEARWATER FL 33756  
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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **SNYDER, ROBERT**  
STREET ADDRESS **13118 FETLOCK COURT**  
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **PD** ☒ Change ☐ Addition  
NAME **OLDS, JANE**  
STREET ADDRESS **2985 MAYFAIR CT.**  
CITY-ST-ZIP **CLEARWATER, FL 33761**

TITLE **TD** ☐ Delete  
NAME **BANK, AMY**  
STREET ADDRESS **1680 GULF-TO-BAY BLVD**  
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **HUDOCK, AMY**  
STREET ADDRESS **1488 CAIRN CT.**  
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **SD** ☐ Delete  
NAME **KINGSBURY, JEAN**  
STREET ADDRESS **3217 BUCKHORN DRIVE**  
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **SD** ☐ Change ☒ Addition  
NAME **ROBIN BELLA**  
STREET ADDRESS **1141 FRIAR TUCK LANE**  
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE **VPD** ☐ Delete  
NAME **OLDS, JANE**  
STREET ADDRESS **2985 MAYFAIR COURT**  
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **TD** ☐ Change ☒ Addition  
NAME **MARY A. COHN**  
STREET ADDRESS **29251 US 19 N**  
CITY-ST-ZIP **CLEARWATER, FL 33761**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*JANE M. OLDS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/16/03**

Daytime Phone #

**727-464-5180**

CR2E037 (10/02)