

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000318

1. Entity Name

CLEARWATER MERCHANTS ASSOCIATION INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90346 027 *****70.00

Principal Place of Business

1305 WOODBINE STREET
CLEARWATER FL 34615

Mailing Address

1305 WOODBINE STREET
CLEARWATER FL 34615

2. Principal Place of Business

1305 Woodbine St

3. Mailing Address

1305 Woodbine St

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Clearwater FL

City & State

Clearwater FL 33755

Zip

33755

Country

Pinellas

Zip

33755

Country

Pinellas

4. FEI Number

59-3099132

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAKER, ROSE
1305 WOODBINE ST.
CLEARWATER FL 34615

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

Rose Baker

Signature, typed or printed name of registered agent and title if applicable.

Rose Baker

(NOTE: Registered Agent signature required when reinstating)

3/5/01

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	VPD	<input type="checkbox"/> Delete
NAME	BAKER, ROSE	
STREET ADDRESS	1305 WOODBINE STREET	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PENDLETON, YVETTE	
STREET ADDRESS	1303 N GREENWOOD AVE	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DIXON, BERNARD	
STREET ADDRESS	1841 NORTH HIGHLAND AVENUE	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIAMSON, ALLYCE	
STREET ADDRESS	420 HELEN STREET	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	T	<input type="checkbox"/> Delete
NAME	SONEY, BARBARA	
STREET ADDRESS	211 ORANGEWOOD	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	T	<input type="checkbox"/> Delete
NAME	DORSEY, BERTHA	
STREET ADDRESS	1105 ENGMAN ST.	
CITY-ST-ZIP	CLEARWATER FL 34615	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Rose Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01

Date

Daytime Phone #

CR2E037 (10/00)