

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001506

1. Entity Name

THE CLIO FOUNDATION, INC.

FILED

Mar 25, 2002 8:00 am  
Secretary of State

03-25-2002 90096 046 \*\*\*\*61.25

Principal Place of Business

Mailing Address

6061 SECOND ST., E.

P.O. BOX 5110

#42

GULFPORT FL 33737

ST PETERSBURG BEACH FL 33706

B0047955



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3316655

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DAVIS, ANN

6061 SECOND ST E

#42

ST PETERSBURG BEACH FL 33706

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 D ☐ Delete  
NAME BUCKLEY, JANET  
STREET ADDRESS 2825 W NORTH A ST  
CITY-ST-ZIP TAMPA FL 33609

TITLE D ☐ Change ☐ Addition  
NAME SUNNY NEAL  
STREET ADDRESS 2512-57th ST, S.  
CITY-ST-ZIP GULFPORT, FL, 33707

TITLE TD ☐ Delete  
NAME FINEGAN, PATRICIA  
STREET ADDRESS 6061 SECOND ST. E., #32  
CITY-ST-ZIP ST. PETE BEACH FL 33706

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

TITLE D ☐ Delete  
NAME BURG, CAROL  
STREET ADDRESS 510 5TH ST N #5  
CITY-ST-ZIP SAINT PETERSBURG FL 33701

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

TITLE SD ☐ Delete  
NAME ALBANESE, TERESA  
STREET ADDRESS 3526 BOCA CIEGA DR N  
CITY-ST-ZIP ST PETERSBURG FL 33710

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

TITLE D ☐ Delete  
NAME COLE, CLAUDIA A  
STREET ADDRESS P O B9X 5194  
CITY-ST-ZIP GULFPORT FL 33737

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

TITLE PD ☐ Delete  
NAME DAVIS, ANN C  
STREET ADDRESS 6061 2ND ST E #42  
CITY-ST-ZIP SAINT PETERSBURG BEACH FL 33706

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

3/10/02

Date

727-367-5760

Daytime Phone #

CR2E037 (9/01)