

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90179 029 ****61.25

DOCUMENT # N95000001506

1. Entity Name
THE CLIO FOUNDATION, INC.



Principal Place of Business
**6061 SECOND ST., E.
#42
ST PETERSBURG BEACH FL 33706**

Mailing Address
**P.O. BOX 5110
GULFPORT FL 33737**

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 **59-3316655**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



10070040

6. Name and Address of Current 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

7. Name and Address of New Registered Agent

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

TITLE **D** ☒ Change ☐ Addition
NAME **BUCKLEY, JANET**
STREET ADDRESS **3232 S. MACDILL**
CITY-ST-ZIP **TAMPA, FL. 33629**

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

TITLE **TD** ☒ Change ☐ Addition
NAME **FINEGAN, PATRICIA**
STREET ADDRESS **6061 SECOND ST. E., #56**
CITY-ST-ZIP **ST. PETE BEACH, FL. 33706**

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

TITLE **SD** ☒ Change ☐ Addition
NAME **BURG, CAROL**
STREET ADDRESS **626 7TH AVE, N**
CITY-ST-ZIP **ST. PETERSBURG, FL. 33701**

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

TITLE **D** ☒ Change ☐ Addition
NAME **ALBANESE, TERESA**
STREET ADDRESS **3526 BOCA CIEGA DR., N.**
CITY-ST-ZIP **ST. PETERSBURG, FL. 33710**

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

TITLE **D** ☒ Change ☐ Addition
NAME **COLE, CLAUDIA**
STREET ADDRESS **3018-59TH ST., S., #107**
CITY-ST-ZIP **GULFPORT, FL. 33707**

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 REQUIRED**

4/14/03 727-367-5760

CR2E037 (10/02)