

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

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90172 023 \*\*\*\*61.25

**DOCUMENT # N95000005589**

1. Entity Name  
**CLEARWATER BEACH CHAMBER OF COMMERCE, INC.**



Principal Place of Business

**100 CORONADO DRIVE  
CLEARWATER FL 33767**

Mailing Address

~~59 DAYMONT STREET  
CLEARWATER FL 33767~~

2. Principal Place of Business

3. Mailing Address

**P.O. Box 3573**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**CLEARWATER BEACH, FL**

4. FEI Number **59-3353083**

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

**33767**

**PINELLAS**

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

**SHEILA COLE CB.C OF C  
100 CORONADO DRIVE  
CLEARWATER FL 33767**

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 **P** ☐ Delete  
NAME **COATES, MARYSIA**  
STREET ADDRESS **621 BAY ESPLANADE**  
CITY-ST-ZIP **CLEARWATER BCH FL 33767**

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

TITLE **V** ☐ Delete  
NAME **HECKERT, JACK**  
STREET ADDRESS **144 ISLAND WAY**  
CITY-ST-ZIP **CLEARWATER BCH FL 33767**

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

TITLE **D** ☐ Delete  
NAME **CONTI, CAMILLO**  
STREET ADDRESS **455 S GULFVIEW BLVD**  
CITY-ST-ZIP **CLEARWATER BCH FL 33767**

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

TITLE **S** ☐ Delete  
NAME **QUINN, ANN**  
STREET ADDRESS **22 KENDALL ST.**  
CITY-ST-ZIP **CLEARWATER BCH FL 33767**

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

TITLE **D** ☐ Delete  
NAME **DUFF, TOMMY**  
STREET ADDRESS **126 ISLAND WAY**  
CITY-ST-ZIP **CLEARWATER BCH FL 33767**

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

TITLE **D** ☐ Delete  
NAME **GANS, OTTO**  
STREET ADDRESS **54 BAY ESPLANADE**  
CITY-ST-ZIP **CLEARWATER BCH FL 33767**

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**

1-29-03 727-447-7600

CP2E037 (10/02)