

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # N97000002201****1. Entity Name**
THE CLEARWATER COMMUNITY VOLUNTEERS, INC.**Principal Place of Business**
1322 1ST AVENUE, N.W.
LARGO FL 33770**Mailing Address**
1322 1ST AVENUE, N.W.
LARGO FL 33770**2. Principal Place of Business**
308 S LINCOLN #1**3. Mailing Address**
308 S LINCOLN #1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CLEARWATER FL**City & State**
CLEARWATER FL**Zip**
33756**Country****Zip**
33756**Country****4. FEI Number**
59-3442288**Applied For**
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****CHAMBERLAIN KATIE**
1322 1ST AVE., NW
LARGO FL 33770
US**Name**
CHAMBERLAIN KATIE
Street Address (P.O. Box Number is Not Acceptable)
308 S LINCOLN #1
City
CLEARWATER **FL** **Zip Code**
33770**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 KATIE CHAMBERLAIN****04/30/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VT	BARTON PAM	404 JASMINE WAY	CLEARWATER FL 34610	<input type="checkbox"/>
VT	CHAMBERLAIN KATIE	1322 1ST AVE., N.W.	LARGO FL 33770	<input type="checkbox"/>
PT	SLAUGHTER BANNETTA	300 BUTTONWOOD LANE	LARGO FL 33770	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VT	CHAMBERLAIN KATIE	308 S LINCOLN #1	CLEARWATER FL 33756	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PT	SLAUGHTER BENNETTA	2433 KENT PLACE	CLEARWATER FL 33764	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Katie Chamberlain** **VP** **04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)