

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 21, 2002 8:00 am  
Secretary of State

01-21-2002 90038 040 \*\*\*\*61.25

DOCUMENT # N990000000460

1. Entity Name

CLEARWATER SHUFFLEBOARD CLUB, INC.

Principal Place of Business

Mailing Address

1020 CALUMET ST.  
CLEARWATER FL 33755

1020 CALUMET ST.  
CLEARWATER FL 33755

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

59-0690203

Applied For

Not Applicable

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

RAWFORD, VINCE  
115 MAIN STREET  
ST 267  
DUNEDIN FL 34696

Name PAUL Archambault

Street Address (P.O. Box Number is Not Acceptable)

2448 Columbia Dr. Unit 12

23616 Cuadracion #43

Clearwater FL 33765

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 NAME ☒ Delete  
D KLINGER, MARY  
STREET ADDRESS 299 TARPON LANE  
CITY-ST-ZIP OLDSMAR FL 34677

TITLE NAME ☐ Change ☐ Addition  
D Wayne Engell  
STREET ADDRESS 2336 Lemur Dr.  
CITY-ST-ZIP Holiday, FL 34690

TITLE NAME ☒ Delete  
TOUCHETTE, DON  
STREET ADDRESS 10387 112 WAY NORTH  
CITY-ST-ZIP LARGO FL 34648

TITLE NAME ☐ Change ☐ Addition  
D DOUG ROUSE  
STREET ADDRESS 18675 US 19 North  
CITY-ST-ZIP

TITLE NAME ☒ Delete  
VP LAWRENCE, SAM  
STREET ADDRESS 2723 D SHERBROOKE LN.  
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE NAME ☐ Change ☐ Addition  
D John Hubbard  
STREET ADDRESS 2526 E. State Rd 580 Lot #215  
CITY-ST-ZIP Clearwater, FL 34621

TITLE NAME ☒ Delete  
S SEGAR, ILLA  
STREET ADDRESS 3113 STATE ROAD 580, #244  
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE NAME ☐ Change ☐ Addition  
Sec Barbara Hubbard  
STREET ADDRESS 2526 E. State Rd 580 Lot #215  
CITY-ST-ZIP Clearwater, FL 34621

TITLE NAME ☒ Delete  
T EMRICH, CHRIS  
STREET ADDRESS 601 STARKEY ROAD, LOT. 27  
CITY-ST-ZIP LARGO FL 33771

TITLE NAME ☐ Change ☐ Addition  
Don touchette  
STREET ADDRESS 10387 112 Way North  
CITY-ST-ZIP LARGO, FL 34648

TITLE NAME ☒ Delete  
D SEGAR, EVAN  
STREET ADDRESS 3113 STATE ROAD 580, #244  
CITY-ST-ZIP PALM HARBOR FL 34695

TITLE NAME ☐ Change ☐ Addition  
D Joe Greenwood  
STREET ADDRESS 2331 Belleair Rd Lot #611  
CITY-ST-ZIP CLEARWATER, FL 33764

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/02 727-446-3306

CP2E037 (9/01)