2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007218

1. Entity Name

CLEARWATER ALL-AMERICAN SERTOMA CLUB, INC.

8/3

FILED Aug 28, 2000 8:00 am Secretary of State 08-03-2000 90033 046 ****70.00

| Principal Place of Business 59 BAYMONT STREET CLEARWATER FL 33767 | | Mailing Address C/O CHARLES FAZIO 240 SAND KEY ESTATES DR #64 CLEARWATER FL 33767 | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------|------------------------------------------|----------------|
| | | | | | | . Dan botto ablel oblika Odisl Obita Da | nik er ilê kerib l izd i di | 69) 1811 18 1 2 | |
| 2. Principal Place of Busine | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | |
| City & State | | City & State | | | 4. FEI Number 59–3610854 | | | Applied For Not Applicable | |
| Zìp | Country | | Cour | ntry | 5. Certificate | E Chalificate of Status Basicad | | \$8.75 Additional Fee Required | |
| 8. Name | and Address of Current f | legistered Agent | | 7. Name and Address of New Registered Agent | | | | | |
| | | | | Name: | | | ~ | | |
| FAZIO, CHARLES | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 240 SAN KEY ESTATE CLEARWATER FL 337 | | ſ | f | | | | | | |
| CLEARWATER TE 30/ | _ | | City | | FL Zip Code | | | | |
| 8. The above named entity SIGNATURE | submits this statement for | | | | | | | | |
| | control name of registered agent a | nd title if applicable (NOT | E. Registered | Agent signature req | uited when reinstating) | ٥. | ATE | | |
| FILE N | 9. Election Campaign Financing Trust Fund Contribution. Adde | | | 5.00 May Be ided to Fees | | eck Payable to nent of State | • | | |
| 10. | OFFICERS AND DIR | ECTORS | 11. | | ADDITIONS/CH | IANGES TO OFFICERS AN | D DIRECTORS IN | | _ |
| | President | | TITLE | | | ☐ Change ☐ Addition | | | 8 |
| NAME Jim O'D | | 17 | NAME | | | | | | <u>5</u> |
| | 1816 Northwood Drive | | STREET ADDRESS CITY-ST-ZIP | | | | | | CR2E037 (9/99) |
| CITY-ST-ZIP CLEARWA | | | | 21 - CIP | <u> </u> | ☐ Change ☐ Addition | | | |
| ML Sec/Tre | | □ Delete | Oelete TITLE | | | " | பெற்றுக | | |
| STREET AUDRESS DAD Same | | N | | T ADDRESS | | | | | |
| 0.T. 0T TID | 240 Sand Key Estates Dr #64 | | CITY-ST-ZIP | | | | | | ļ |
| TITLE VP Spon | VP Sponsorship | | TITLE | | | | Change | Addition | ļ |
| | Bob Burk | | NAME | - 1 | ···· | | | | |
| | 1988 Gulf to Bay | | | ADDRESS | | ' | | | |
| CLEARWATER FL 33765 | | | | ST-ZIP | | | ☐ Change | Addition | |
| TITLE VP progr | rans | Delete | TITLE | | | * | □ Change | | |
| STREET ADDRESS OF THE TANK | | • | NAME Stree | T ADDRESS | | 1 | | | |
| po verb | ena Street | y | CITY- | | | | | | |
| CTEARWA' | TER FL 33767 | □ Delete | TITLE | | | | Change | Addition | |
| TITLE VP member Glenda (| | THE DESIGN | NAME |] | | | <u> </u> | _ | |
| ı | rthwood Drive | D | STREE | T ADDRESS | | | | | į |
| CITY-SI-ZIP TEARWAY | | | CITY- | ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | ☐ Change | ☐ Addition | |
| NAME | | • | NAME | | | | | | |
| STREET ADDRESS | ÆET ADDRESS | | 1 | T ADDRESS | | | | } | 1 |
| CITY-ST-ZIP | | | CITY- | | | - <u>-</u> | | | |
| 12. I hereby certify that the indicated on this report of the corporation or the changed, or on an attraction of the changed, or on an attraction of the changed. | or supplemental report is preseiver or trustee empo chment with an address. | true and accurate and that r wered to extrcule this report ith all other like empowered | ny signatu as require | nption stated in ire shall have t ad by Chapter | n Section 119 07(3) he same legal effec 617, Florida Statute 7/28/20 | es; and that my name appe | er certify that the line of the final fam an officer ears in Block 10 or | nformation or director Block 11 if | |
| CICNATUDE: \. | | DM FILESON | 1 1 3 | | 1120120 | ,,,, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ļ | |

SKINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR