I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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
above, or on an attachment with all other like empowered.

TREASURER

SIGNATURE: RUSSELL GABEL

I

Electronic Signature of Signing Officer/Director Detail

### **DOCUMENT# 760494**

Entity Name: CLEARWATER AQUATICS BOOSTERS, INC.

## **Current Principal Place of Business:**

540 S HERCULES AVE. CLEARWATER, FL 33764

## **Current Mailing Address:**

540 S HERCULES AVE. CLEARWATER, FL 33764 US

## FEI Number: 59-2169574

# Name and Address of Current Registered Agent:

GABEL, RUSSELL 305 N HILLCREST DRIVE CLEARWATER, FL 33755 US

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	: RUSSELL GABEL			01/09/2015	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	Р	Title	Т		
Name	STANART, TERRI	Name	GABEL, RUSSELL		
Address	540 S HERCULES AVE.	Address	305 N HILLCREST DRIVE		
City-State-Zip:	CLEARWATER FL 33764	City-State-Zip:	CLEARWATER FL 33755		
Title	VP	Title	SECRETARY		
Name	TALARCHYK, KIM	Name	DRIZIN, ELLEN		
Address	540 S HERCULES AVE.	Address	540 S HERCULES AVE.		
City-State-Zip:	CLEARWATER FL 33764	City-State-Zip:	CLEARWATER FL 33764		

Certificate of Status Desired: No

FILED Jan 09, 2015 **Secretary of State** CC1200186112

Date

01/09/2015