

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90201 046 \*\*\*\*61.25

**DOCUMENT # 713510**

1. Entity Name

**CAMP ROTARY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

P O BOX 1151  
 WINTER HAVEN FL 33882-1151  
 US

P O BOX 1151  
 WINTER HAVEN FL 33882-1151  
 US

**612855**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2011019**

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

**TRAKAS, ANDREW P**  
**123 AVENUE C, S.W.**  
**WINTER HAVEN FL 33880**

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.

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 PD  Delete  
 NAME OETERS, FRED  
 STREET ADDRESS 924 WEDGEWOOD LN  
 CITY-ST-ZIP LAKELAND FL

TITLE D  Change  Addition  
 NAME Leonard E. Wood  
 STREET ADDRESS 228 Ash Lane  
 CITY-ST-ZIP Lakeland, FL 33813

TITLE DVP  Delete  
 NAME SCHEMMER, GARY B  
 STREET ADDRESS 400 AVENUE K SE  
 CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE D  Change  Addition  
 NAME Terry McGee  
 STREET ADDRESS 5716 Emerald Ridge  
 CITY-ST-ZIP Lakeland, FL 33813

TITLE ~~D~~  Delete  
 NAME ~~SMITH, LEVIE J~~  
 STREET ADDRESS ~~101 BORIS DR~~  
 CITY-ST-ZIP ~~LAKELAND FL~~

TITLE D  Change  Addition  
 NAME Jacquetta Asbury  
 STREET ADDRESS 1516 Leighton Avenue  
 CITY-ST-ZIP Lakeland, FL 33303

TITLE D  Delete  
 NAME LINDSEY, LYONAL  
 STREET ADDRESS 2522 JONILA AVENUE  
 CITY-ST-ZIP LAKELAND FL 33803

TITLE D  Change  Addition  
 NAME Steve Stambaugh  
 STREET ADDRESS 500 S. Florida Ave., # 600  
 CITY-ST-ZIP Lakeland, FL 33801

TITLE T  Delete  
 NAME TRAKAS, ANDREW  
 STREET ADDRESS 123 AVENUE C, S.W.  
 CITY-ST-ZIP WINTER HAVEN FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE S  Delete  
 NAME JACK, RONALD M  
 STREET ADDRESS 4738 MACDONALD  
 CITY-ST-ZIP LAKE WALES FL

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: *Andrew P. Trakas*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/23/2001*  
 Date

Daytime Phone #

CR2E037 (10/00)