2002 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2002 8:00 am **DOCUMENT # 718942** Secretary of State 1. Entity Name ROTARY CLUB OF EAST CLEARWATER, INC. 01-30-2002 90095 012 ****61.25 Mailing Address Principal Place of Business P O BOX 4662 P O BOX 4662 **CLEARWATER FL 34618-4662** CLEARWATER FL 34618-4662 3. Mailing Address P.O. Box 4662 2. Principal Place of Business P.O. Box 4662 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number Clearwater, FL City & State Clearwater, FL 23-7095174 Not Applicable \$8.75 Additional Country USA Country Zip 33758 33758 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ZSCHAU, JULIUS J. 911 CHESTNUT STREET **CLEARWATER FL 34616** Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. X Addition Change Delete TITLE TITLE HO. SANDY Spong, Richard NAME NAME 1211 BROOKSIDE DR STREET ADDRESS 1725 Hitching Post Lane STREET ADDRESS Dunedin, FL 34698 **CLEARWATER FL 33764** CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE Delete TITLE ARNOLD, RON NAME NAME 1725 MEHLROSE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33756 CITY-ST-ZIP ☐ Change X Addition n Delete TITLE TITLE BETH, BELL Palonder, Douglas A... 481 Hadley Drive NAME -NAME 511 CENTURY DR STREET ADDRESS STREET ADDRESS Palm Harbor, FL 34683 LARGO FL 33771 CITY-ST-ZIP CITY-ST-ZIP X Addition ☐ Change X Delete TITLE TITLE Hamel, Richard 1118 Cheshire Ct. BERFIELD, JIM NAME NAME 1466 FLORA RD STREET ADDRESS STREET ADDRESS Safety Harbor, FL 34695 **CLEARWATER FL 33755** CITY-ST-ZIP CITY-ST-ZIP **Addition** X Delete ☐ Change TITLE HAMILTON, AL NAME Erwin, Carol 1725 Lake Cypress Dr. NAME 8352 MEADOWBROOK DR #10 STREET ADDRESS STREET ADDRESS Safety Harbor, FL 34695 CITY-ST-ZIP LARGO FL 33777 CITY-ST-ZIP Addition X Delete TITLE ☐ Change TITLE Mink, C. Ray 1884 Belleair Rd. SMITH, C. RAY NAME NAME **1884 BELLEAIRE RD** STREET ADDRESS STREET ADDRESS Clearwater, FL 33764 CITY-ST-ZIP CLEARWATER FL 33764 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02 727 531-494 Date Dayline Phone #

FILED