

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719554

1. Entity Name

ROTARY CLUB OF BROOKSVILLE, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 701
BROOKSVILLE FL 34601
US

POST OFFICE BOX 701
BROOKSVILLE FL 34605-0701
US

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

59-6209583

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

NICOLAI, KAREN
4287 BELLAIRE DR
SPRINGHILL FL 34607

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 P
NAME TRUMP, RICHARD
STREET ADDRESS 26262 LAKE LINDSEY RD
CITY-ST-ZIP BROOKSVILLE FL ☐ Delete

TITLE S
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME BLAIR, GWYNN
STREET ADDRESS 715 FERNWOOD DR
CITY-ST-ZIP BROOKSVILLE FL 34601 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME ALLEN, ELETA
STREET ADDRESS 7455 DUNDEE WAY
CITY-ST-ZIP BROOKSVILLE FL 34613 ☐ Delete

TITLE P
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE T
NAME NICOLAI, KAREN
STREET ADDRESS 4287 BELLAIRE DRIVE
CITY-ST-ZIP HERNANDO BEACH FL ☐ Delete

TITLE VP
NAME Ed
STREET ADDRESS 10425 Nottingham Forest Dr.
CITY-ST-ZIP Brooksville, FL 34601 ☐ Change ☒ Addition

TITLE D
NAME WEVER, ERNIE
STREET ADDRESS 920 MOONLIGHT LANE
CITY-ST-ZIP BROOKSVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME GUCKIAN, JOANN
STREET ADDRESS 412 SO MAIN
CITY-ST-ZIP BROOKSVILLE FL ☒ Delete

TITLE D
NAME Liza Paul Paul Liza
STREET ADDRESS 11447 Royal Duoe
CITY-ST-ZIP Brooksville, FL 34601 ☒ Change ☒ Addition

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

Date

Daytime Phone #

Karen Nicolai Karen Nicolai 1/11/2000 (352) 754-4206

CR2E037 (9/99)