

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719554

Entity Name

ROTARY CLUB OF BROOKSVILLE, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90173 023 ****61.25

Principal Place of Business

POST OFFICE BOX 701
BROOKSVILLE FL 34601

Mailing Address

POST OFFICE BOX 701
BROOKSVILLE FL 34601
US



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-6209583

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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	S	<input type="checkbox"/> Delete
NAME	TRUMP, RICHARD	
STREET ADDRESS	26262 LAKE LINDSEY RD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAIR, GWYNN	
STREET ADDRESS	715 FERNWOOD DR	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, ELET	
STREET ADDRESS	7455 DUNDEE WAY	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	T	<input type="checkbox"/> Delete
NAME	NICOLAI, KAREN	
STREET ADDRESS	4287 BELLAIRE DRIVE	
CITY-ST-ZIP	HERNANDO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOBIN, EDWARD	
STREET ADDRESS	10485 NOTTINGHAM FOREST DR.	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAUL, LIZA	
STREET ADDRESS	11447 ROYAL DR	
CITY-ST-ZIP	BROOKSVILLE FL 34601	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Perry, Elaine	
STREET ADDRESS	10443 Joyce Dr	
CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phillips, Karen	
STREET ADDRESS	1420 Euydale Rd	
CITY-ST-ZIP	Spring Hill, FL 34608	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruebeling, Kathi	
STREET ADDRESS	5418 Nepp Lake Rd	
CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Turner, John	
STREET ADDRESS	27198 Westminister Ct	
CITY-ST-ZIP	Brooksville FL 34601	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wanati, Virginia	
STREET ADDRESS	501 Underwood Ave	
CITY-ST-ZIP	Brooksville FL 34601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2. 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:

Richard C Trump MO 1/8/02 3527961143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)