

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90068 029 ****61.25

DOCUMENT # 724560

1. Entity Name

BELLEAIR BLUFFS ROTARY CLUB, INC.

Principal Place of Business

Mailing Address

2310 W. BAY DR.
 LARGO FL 33770
 US

PO BOX 1624
 LARGO FL 33779
 US

2. Principal Place of Business

10339 IMPERIAL POINTE

3. Mailing Address

ABOVE

Suite, Apt. #, etc.

LARGO, FLORIDA

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7280153

Applied For

Not Applicable

Zip

33774

Country

USA

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

FORD, EDWIN
 2310 W. BAY DRIVE
 LARGO FL 34640

Name

ANTHONY MAZZONE

Street Address (P.O. Box Number is Not Acceptable)

10339 IMPERIAL POINTE DR. E

City

LARGO

FL

Zip Code

33774

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

Anthony P. Mazzone

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/10/01

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	D	<input type="checkbox"/> Delete
NAME	FORD, EDWIN	
STREET ADDRESS	2310 W. BAY DRIVE	
CITY-ST-ZIP	LARGO FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ELLIOTT, THOMAS P	
STREET ADDRESS	9277 ELM CIR	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEMERS, NORMAN E	
STREET ADDRESS	3266 OVERLOOK DR	
CITY-ST-ZIP	LARGO FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SPELL, WILLIAM	
STREET ADDRESS	2293 INDIAN AVE NORTH	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 34640	
TITLE	P D	<input type="checkbox"/> Delete
NAME	MAZZONE, ANTHONY	
STREET ADDRESS	10339 IMPERIAL POINT DR E	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	S	<input type="checkbox"/> Delete
NAME	TALACH, MARGARET L	
STREET ADDRESS	2589 SUNNYBREEZE AVE SW	
CITY-ST-ZIP	LARGO FL 33770	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, EDWIN	
STREET ADDRESS	1305 PINE VISTA DRIVE	
CITY-ST-ZIP	LARGO, FLORIDA 33770	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRIS EZZO	
STREET ADDRESS	10244 130TH WAY	
CITY-ST-ZIP	LARGO, FLORIDA 33644	
TITLE	D / V P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZZONE, ANTHONY	
STREET ADDRESS	10339 IMPERIAL POINT DR. E	
CITY-ST-ZIP	LARGO, FL. 33774	
TITLE	S / T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALACH, MARGARET L	
STREET ADDRESS	2589 SUNNYBREEZE AVE S.W.	
CITY-ST-ZIP	LARGO, FL. 33770	

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:

MARGARET L. TALACH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01

Date

129-584-7283

Daytime Phone #

CR2E037 (10/00)