

2002 UNIFORM BUSINESS REPORT (UBR)

0017339

DOCUMENT # 724560

1. Entity Name

BELLEAIR BLUFFS ROTARY CLUB, INC.

FILED

02 OCT -2 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
10339 IMPERIAL POINTE LARGO FL 33774 US	10339 IMPERIAL POINTE LARGO FL 33774 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	Applied For
23-7280153	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

~~MAZZONE, ANTHONY~~
~~10339 IMPERIAL POINT DRIVE E~~
~~LARGO FL 33774~~

CANDICE FOX
BELLEAIR BLUFFS
ROTARY
P.O. BOX 1624
LARGO FL 33774

7. Name and Address of New Registered Agent

Name: CANDICE FOX
Street Address (P.O. Box Number is Not Acceptable): 11419 47TH AVE N.
City: MADEIRA BEACH FL Zip Code: 33708

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: Candice Fox DATE: 7/22/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

61.25 After September 13, 2002, min. will be \$236.25.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANDICE FOX
STREET ADDRESS	11419 47TH AVENUE N,
CITY-ST-ZIP	MADEIRA BEACH FL 33708
TITLE	70000820110 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-10/04/02--01027--008
STREET ADDRESS	*****61.25 *****61.25
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	<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	

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: Candice Fox FEE REQUIRED 7/22/02 727-642-6482

CR2E037 (4/02)

10/02/02 CORPORATE DETAIL RECORD SCREEN 9:14 AM
NUM: 724560 ST:FL ACTIVE/FL NON-PROF FLD: 10/13/1972
LAST: INVOLUNTARILY DISSOLVED FLD: 10/13/1989
FEI#: 23-7280153
NAME : BELLEAIR BLUFFS ROTARY CLUB, INC.
PRINCIPAL: 10339 IMPERIAL POINTE CHANGED: 01/29/01
ADDRESS LARGO, FL 33774 US
RA NAME : MAZZONE, ANTHONY NAME CHG: 01/29/01
RA ADDR : 10339 IMPERIAL POINT DRIVE E ADDR CHG: 01/29/01
LARGO, FL 33774 US
ANN REP : (1999) A 02/27/99 (2000) A 02/25/00 (2001) A 01/29/01

1. MENU, 3. OFFICERS, 4. EVENTS, 5. NOTES

ENTER SELECTION AND CR: