

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90157 019 ****61.25

DOCUMENT # 724560

1. Entity Name
BELLEAIR BLUFFS ROTARY CLUB, INC.



Principal Place of Business
**10339 IMPERIAL POINTE
LARGO FL 33774
US**

Mailing Address
**10339 IMPERIAL POINTE
LARGO FL 33774
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **23-7280153**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOX, CANDICE
11419 47TH AVE N
MADEIRA BEACH FL 33708**

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

SIGNATURE *Candice Fox President* DATE **1-20-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | FORD, EDWIN | |
| STREET ADDRESS | 2310 W.BAY DRIVE | |
| CITY-ST-ZIP | LARGO FL | |
| TITLE | D | <input checked="" 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 | P | <input type="checkbox"/> Delete |
| NAME | FOX, CANDICE | |
| STREET ADDRESS | 11419 46TH AVE N | |
| CITY-ST-ZIP | MADEIRA BEACH FL 33708 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MAZZONE, ANTHONY | |
| STREET ADDRESS | 10339 IMPERIAL POINT DR E | |
| CITY-ST-ZIP | LARGO FL 33774 | |
| TITLE | | <input type="checkbox"/> Delete |
| 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 | | |
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| 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 Pres.* **SIGNATURE REQUIRED** DATE **1-20-03** **727-642-6982**

CR2E037 (10/02)