

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90255 011 \*\*\*\*61.25

**DOCUMENT # 740111**

1. Entity Name  
**ROTARY CLUB OF AVON PARK, INC.**

Principal Place of Business <b>20 S VERONA AVE AVON PARK FL 33825 US</b>	Mailing Address <b>P.O. BOX 81 AVON PARK FL 33825</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-6209661</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**HILTON, FORREST H.**  
**702 US 27 NORTH**  
**AVON PARK FL 33825**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
T NAME: <b>DISLER, MICHAEL</b> STREET ADDRESS: <b>329 S COMMERCE AVE</b> CITY-ST-ZIP: <b>SEBRING FL 33870</b>	<input type="checkbox"/> Delete
S NAME: <b>SAGER, WILLIAM C</b> STREET ADDRESS: <b>1545 W. POINSETTIA DR.</b> CITY-ST-ZIP: <b>AVON PARK FL 33825</b>	<input type="checkbox"/> Delete
D NAME: <b>TOMEK, ED</b> STREET ADDRESS: <b>BELL ST</b> CITY-ST-ZIP: <b>AVON PARK FL 33825</b>	<input type="checkbox"/> Delete
D NAME: <b>BUEMEL, WILFORD J</b> STREET ADDRESS: <b>905 LAVE ANGELO DR</b> CITY-ST-ZIP: <b>AVON PARK FL 33825</b>	<input type="checkbox"/> Delete
P NAME: <b>BUSHONG, BURNIS H</b> STREET ADDRESS: <b>901 W LAKE ISIS AVE</b> CITY-ST-ZIP: <b>AVON PARK FL 33825</b>	<input type="checkbox"/> Delete
D NAME: <b>RENFRO, WENDY S</b> STREET ADDRESS: <b>4114 EAGLE CT.</b> CITY-ST-ZIP: <b>SEBRING FL 33872</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Michael M. Disler, Treasurer Date: 1-10-02 Daytime Phone #: 863-385-5139  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)