

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757933

1. Entity Name

THE ROTARY CLUB OF ALTAMONTE SPRINGS-FOREST CITY

Principal Place of Business

1030 BUNNELL RD
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

P O BOX 162322
ALTAMONTE SPRINGS FL 32716-2322
US

2. Principal Place of Business

RAMADA INN

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2025 W. SR434

City & State

Longwood, FL

City & State

Zip

32750

Country

USA

Zip

Country

4. FEI Number

59-1879137

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARRY, JACK
1130 NEW JERSEY AVE
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name CHARLES M. RAND, ESQ.

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

407 WEKIVA SPRINGS Rd. Suite 119

City

Longwood

FL

Zip Code

32779

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 CHARLES M. RAND, ESQ

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-00

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

TITLE PD ☐ Delete

NAME SEIGEL, JOHN
STREET ADDRESS 1779 MARKHAM GLEN CIRCLE
CITY-ST-ZIP LONGWOOD FL 32779

TITLE PPD ☒ Delete

NAME MEDARES, MARK
STREET ADDRESS 217 N WESTMONTE DR #3031
CITY-ST-ZIP ALTAMONTE SPGS FL 32714

TITLE VPD ☐ Delete

NAME RAND, CHARLES
STREET ADDRESS 2164 PALM CREST DRIVE
CITY-ST-ZIP APOPKA FL 32712

TITLE SD ☒ Delete

NAME OSTROSKI, JOSEPH
STREET ADDRESS 110 HICKORY TREE RD
CITY-ST-ZIP LONGWOOD FL 32750

TITLE TD ☐ Delete

NAME DESOUZA, ADRIENNE
STREET ADDRESS 301 WICKHAM CT
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PPD ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition

NAME RAND CHARLES M.
STREET ADDRESS 407 WEKIVA SPRINGS Rd, Suite 119
CITY-ST-ZIP LONGWOOD, FL. 32779

TITLE SD ☐ Change ☒ Addition

NAME PHIPPS, LAURA J.
STREET ADDRESS 557 Serenity PLACE
CITY-ST-ZIP LAKE MARY, FL. 32746

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Change ☒ Addition

NAME WALKER, John B.
STREET ADDRESS 1015 ADAMS St.
CITY-ST-ZIP Longwood, FL. 32750

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: JOHN SEIGEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-2000 407-333-9449

CR2E037 (9/99)