

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90145 019 ****61.25

DOCUMENT # N21366

1. Entity Name

LAKELAND NORTH ROTARY CLUB, INC.

Principal Place of Business

Mailing Address

4740 CLEVELAND HEIGHTS BOULEVARD
 C/O RONALD L. CLARK
 LAKELAND FL 33813-2187

4740 CLEVELAND HEIGHTS BOULEVARD
 C/O RONALD L. CLARK
 LAKELAND FL 33813-2187

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 362

City & State

City & State

Lakeland, FL 33802-0362

4. FEI Number

59-2871460

Applied For

Not Applicable

Zip

Country

Zip

Country

33802-0362

U.S.A

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

CLARK, RONALD L
4740 CLEVELAND HEIGHTS BOULEVARD
LAKELAND FL 33803

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

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

(NOTE: Registered Agent signature required when reinstating)

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 **PD** Delete
 NAME **REIMAN, ART**
 STREET ADDRESS **3518 BARLEY LANE**
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **President P** Change Addition
 NAME **Richard Townley**
 STREET ADDRESS **450 Howard Avenue**
 CITY-ST-ZIP **Lakeland, FL 33815**

TITLE **TD** Delete
 NAME **AIRTH, ADAM**
 STREET ADDRESS **4740 CLEVELAND HEIGHTS BLVD.**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **President-elect (V-Pres) V** Change Addition
 NAME **Charles J. Fee**
 STREET ADDRESS **120 Morningside Dr**
 CITY-ST-ZIP **Lakeland, FL 33803**

TITLE **SV** Delete
 NAME **RUDDER, JAMES**
 STREET ADDRESS **6800 STATE RD. 37 N**
 CITY-ST-ZIP **MULBERRY FL 33860**

TITLE **Secretary S** Change Addition
 NAME **Evelyn Hughes**
 STREET ADDRESS **701 Spicewood Dr.**
 CITY-ST-ZIP **Lakeland, FL 33801**

TITLE **VPD** Delete
 NAME **NORDBY, MARK**
 STREET ADDRESS **804 W LK JESSIE DR. NW**
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **Treasurer T** Change Addition
 NAME **John Lancaster**
 STREET ADDRESS **4740 Cleveland Heights Blvd**
 CITY-ST-ZIP **Lakeland, FL 33813**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Sgt-at-Arms D** Change Addition
 NAME **Richard D. Fearnow**
 STREET ADDRESS **1725 Petersburg Ave**
 CITY-ST-ZIP **Lakeland, FL 33803**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

Richard D. Fearnow

3/8/00

363-683-4470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)