

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

0065323

**DOCUMENT # N21366**

1. Entity Name

**LAKELAND NORTH ROTARY CLUB, INC.**

03-19-2001 90479 002 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

**PO BOX 362  
 LAKELAND FL 33802-0362  
 US**

**00026749**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2871460**

Applied For

Not Applicable

Zip

Country

Zip

Country

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	<input checked="" type="checkbox"/> Delete
NAME	TOWNLY, RICHARD	
STREET ADDRESS	450 HOWARD AVE	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FEE, CHARLES J	
STREET ADDRESS	120 MORNINGSIDE DR	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	S	<input type="checkbox"/> Delete
NAME	HUGHES, EVELYN	
STREET ADDRESS	701 SPICEWOOD DR	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LANCASTER, JOHN	
STREET ADDRESS	4740 CLEVELAND HEIGHTS BLVD	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FEARNOW, RICHARD D	
STREET ADDRESS	1725 PETERSBURG AVE	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<del>PD</del> P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Max, Horst	
STREET ADDRESS	555 Remingular Drive	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN J. Lancaster	
STREET ADDRESS	512 Century Oaks Ct.	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Watson, Mark	
STREET ADDRESS	5910 Koster Rd.	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hughes, Evelyn	
STREET ADDRESS	701 Spicewood Dr.	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fee, Charles	
STREET ADDRESS	120 Morningside Dr.	
CITY-ST-ZIP	Lakeland, FL 33813	
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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01 (863) 619-7381  
 Date Daytime Phone #

CR2E037 (10/00)