

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22652

1. Entity Name

ROTARY CLUB OF GAINESVILLE FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O JOHN H. HASWELL
211 N.E. 1ST STREET
GAINESVILLE FL 32601

C/O JOHN H. HASWELL
211 N.E. 1ST STREET
GAINESVILLE FL 32601-5367

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2914025

Applied For

Not Applicable

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

HASWELL, JOHN H.
211 N.E. 1ST STREET
GAINESVILLE FL 32601

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
WIGGLESWORTH, ROBERT
3131 NW 13TH ST
GAINESVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
LIPSIUS, CARLTON E
4383 NW 122ND ST
GAINESVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
EUBANK, F. WESLEY
9330 N W 13TH PL
GAINESVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CD
LAWRENCE, PARKER F.
2516 NW 22ND AVE
GAINESVILLE FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
SIMS, JEFFREY F
4302 NW 20 DR
GAINESVILLE FL 32605

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
PINKOSON, C. LEE
2820 NW 38 DR
GAINESVILLE FL 32605

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CHAIRMAN & DIRECTOR
EMMETT F GOODMAN
PO BOX 147050
GAINESVILLE FL 32614-7050

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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 officers and directors.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90114 029 ****61.25



DO NOT WRITE IN THIS SPACE

1/7/2000

352-955-7500 X242