

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N22652**

1. Entity Name

**ROTARY CLUB OF GAINESVILLE FOUNDATION, INC.**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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 32601Name  
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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WIGGLESWORTH, ROBERT	
STREET ADDRESS	3131 NW 13TH ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LIPSIUS, CARLTON E	
STREET ADDRESS	4383 NW 122ND ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EUBANK, F. WESLEY	
STREET ADDRESS	9330 N W 13TH PL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	GOODMAN, EMMIT F	
STREET ADDRESS	PO BOX 142050	
CITY-ST-ZIP	GAINESVILLE FL 32614-7050	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SIMS, JEFFREY F	
STREET ADDRESS	4302 NW 20 DR	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	P	<input type="checkbox"/> Delete
NAME	PINKOSON, C. LEE	
STREET ADDRESS	2820 NW 38 DR	
CITY-ST-ZIP	GAINESVILLE FL 32605	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Page	
STREET ADDRESS	1124 SW 166th Street	
CITY-ST-ZIP	Alachua, FL 32669-9608	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Brunner	
STREET ADDRESS	7072 NW 52nd Terrace	
CITY-ST-ZIP	Gainesville, FL 32653	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debbie Eranson	
STREET ADDRESS	3510 NW 46th Terrace	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Frowick	
STREET ADDRESS	5522 NW 91st Blvd.	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	Director	<input checked="" 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 reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90082 037 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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1/9/2001 952-955-7500 X242