

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34267

1. Entity Name

MAITLAND ROTARY YOUTH LODGE CORPORATION

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90092 013 \*\*\*\*61.25

Principal Place of Business

Mailing Address

% ROBERT T. MELLEN, JR.  
 1120 TOM GURNEY DRIVE  
 WINTER PARK FL 32789

% ROBERT T. MELLEN, JR.  
 1120 TOM GURNEY DRIVE  
 WINTER PARK FL 32789-1213

2. Principal Place of Business

C/O Russell B. HALE

3. Mailing Address

C/O Russell B. HALE

Suite, Apt. #, etc.

2071 DYAN WAY

Suite, Apt. #, etc.

2071 DYAN WAY

City & State

Maitland FL

City & State

Maitland FL

4. FEI Number

59-2920171

Applied For

Not Applicable

Zip

32751

Country

USA

Zip

32751

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MELLEN, ROBERT T., JR.  
 1120 TOM GURNEY DRIVE  
 WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name Russell B. HALE

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

2071 DYAN WAY

City Maitland FL

FL

Zip Code 32751

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

*Russell B. Hale*

3/27/00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
<input checked="" type="checkbox"/> D	MELLEN, ROBERT T., JR.	1120 TOM GURNEY DRIVE	WINTER PARK FL	<input type="checkbox"/>
<input checked="" type="checkbox"/> T	HOUSER, JAMES	633 DOMMERICH DR.	MAITLAND FL	<input type="checkbox"/>
<input checked="" type="checkbox"/> D	HALYARD, O.C.	1871 CHOCTAW TRAIL	MAITLAND FL	<input type="checkbox"/>
<input type="checkbox"/> D	GIBBS, MARSHALL	1070 DRUID DRIVE	ALTAMONTE SPRINGS FL	<input type="checkbox"/>
<input checked="" type="checkbox"/> D	STIGGINS, HILL	470 N LAKE SYBELIA DR	MAITLAND FL	<input type="checkbox"/>
<input type="checkbox"/> D	VOORHEES, HARRISON K.T.	901 PACE AVE	MAITLAND FL	<input type="checkbox"/>

*D Ed Wilder  
 301 Evansdale Rd  
 Lake Mary FL 32751*

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<input type="checkbox"/> P.O.	Russell B. HALE	2071 DYAN WAY	Maitland FL 32751	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	ANTHONY LEFFIN	1776 Independence Ln	MAITLAND FL 32751	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> D	Bud ESTES	1250 N. Lake Sybelia DR.	MAITLAND FL 32751	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Tom ISSACS	4703 WATCH Hill CT	ORLANDO FL 32808	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> D	Steve RUTA	32 Minnehaha CT	MAITLAND FL 32751	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> D	Jack Vaughn	450 N. Lake Sybelia DR.	MAITLAND FL 32751	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

*Russell B. Hale*

3/27/00

407 419 8556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)