

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90026 011 \*\*\*\*61.25

**DOCUMENT # N34267**

1. Entity Name

**MAITLAND ROTARY YOUTH LODGE CORPORATION**

Principal Place of Business

Mailing Address

C/O RUSSELL B. HALE  
 2071 DYAN WAY  
 MAITLAND FL 32751

C/O RUSSELL B. HALE  
 2071 DYAN WAY  
 MAITLAND FL 32751

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

**59-2920171**

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

**HALE, RUSSELL B**  
**2071 DYAN WAY**  
**MAITLAND FL 32751**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MELLEN, ROBERT T., JR.</b>	
STREET ADDRESS	<b>1120 TOM GURNEY DRIVE</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HALE, RUSSELL B</b>	
STREET ADDRESS	<b>2071 DYAN WAY</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HALYARD, O.C.</b>	
STREET ADDRESS	<b>1871 CHOCTAW TRAIL</b>	
CITY-ST-ZIP	<b>MAITLAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GIBBS, MARSHALL</b>	
STREET ADDRESS	<b>1070 DRUID DRIVE</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VAUGHN, JACK</b>	
STREET ADDRESS	<b>450 N. LAKE SYBELIA DR</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VOORHEES, HARRISON K.T.</b>	
STREET ADDRESS	<b>901 PACE AVE</b>	
CITY-ST-ZIP	<b>MAITLAND FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 an officer or director empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Marshall A. Gibbs*  
**MARSHALL A. GIBBS**  
 DIC

Date

**1-8-02**

Daytime Phone #

**407 831 7599**

CR2E037 (9/01)