

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-05-2000 90089 018 ****61.25

DOCUMENT # N41214

1. Entity Name

ROTARY CLUB OF EUSTIS, INC.

Principal Place of Business

Mailing Address

P O BOX 1331
 EUSTIS FL 32727

P O BOX 1331
 EUSTIS FL 32727-1331

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6209584

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

GAYLORD, FRANK T.
804 NORTH BAY STREET
EUSTIS FL

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 Delete
 NAME **T FURNAS, WILLIAM M**
 STREET ADDRESS **PO DRAWER 580, 21 E PINEHURST BLVD**
 CITY-ST-ZIP **EUSTIS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD STOLTZ, GARY K**
 STREET ADDRESS **2105 PREVATT ST**
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD BUDZYNSKI, JAMES**
 STREET ADDRESS **2824 S GROVE ST**
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD LASHLEY, GARY**
 STREET ADDRESS **18408 CAYMAN STREET**
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE Change Addition
 NAME **SD MUNROE, FRANK**
 STREET ADDRESS **2701 S. BAY ST**
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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]* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-00 352-589-1700
 Date Daytime Phone #

CR2E037 (9/99)