

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90070 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

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

**59-6209584**

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

**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	T	<input type="checkbox"/> Delete
NAME	FURNAS, WILLIAM M	
STREET ADDRESS	PO DRAWER 580, 21 E PINEHURST BLVD	
CITY-ST-ZIP	EUSTIS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUNROE, FRANK	
STREET ADDRESS	2701 S. BAY ST	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, RAY	
STREET ADDRESS	22115 CR 44A	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALEXIEFF, MICHAEL	
STREET ADDRESS	26 FOREST LN	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RD 31XBY	
STREET ADDRESS	1000 JUNEBOE BLVD	
CITY-ST-ZIP	MT DORA FL 32757	
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 all other like empowered.

**SIGNATURE:**

*William M Furnas*  
**WILLIAM M FURNAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-02 352-589-1700  
 Date Daytime Phone #

CR2E037 (9/01)