


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90304 021 ****61.25

DOCUMENT # N41214

1. Entity Name
ROTARY CLUB OF EUSTIS, INC.




Principal Place of Business
**P O BOX 1331
EUSTIS FL 32727**

Mailing Address
**P O BOX 1331
EUSTIS FL 32727**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

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
**GAYLORD, FRANK T.
804 NORTH BAY STREET
EUSTIS FL**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	FURNAS, WILLIAM M	PO DRAWER 580, 21 E PINEHURST BLVD	EUSTIS FL	<input type="checkbox"/>
D	MUNROE, FRANK	2701 S. BAY ST	EUSTIS FL 32726	<input checked="" type="checkbox"/>
SD	ALEXIEFF, MICHAEL	28 FOREST LN	EUSTIS FL 32726	<input checked="" type="checkbox"/>
PD	BISBY, BO	1000 JUNETTE BLVD.	MOUNT DORA FL 32757	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
SD	HAMILTON, J. LSON	P.O. Box 350248	GRAND ISLAND, FL 32735	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PD	ARASI, Lou	34029 PARKVIEW AVE.	EUSTIS FL 32726	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input 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: *William M. Furnas* **SIGNATURE REQUIRED** *William M. Furnas* 1-31-03 352-589-1700

CR2E037 (10/02)