

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90079 047 \*\*\*\*61.50

**DOCUMENT # N46360**

1. Entity Name

**ROTARY'S CAMP FLORIDA, INC.**

Principal Place of Business

Mailing Address

1915 CAMP FLORIDA RD.  
 BRANDON FL 33510  
 US

1915 CAMP FLORIDA RD.  
 BRANDON FL 33510-3902  
 US

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

**59-3096120**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEEHAN, JIM  
 415 CATUS CIRCLE  
 SEFFNER FL 33584

*Delete*

Name *Pamela R. Moore*

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

*1915 Camp Florida Road*

City

*Brandon*

FL

Zip Code

*33510*

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

*Pamela R. Moore*

*4-28-00*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MEEHAN, JIM	
STREET ADDRESS	415 CATUS CIRCLE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCVEAN, RICHARD	
STREET ADDRESS	516 NANTUCKET DRIVE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ARMENTROUT, TERRY	
STREET ADDRESS	1001 N WASHINGTON BLVD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	EDENFIELD, MIKE	
STREET ADDRESS	206 MASON ST	
CITY-ST-ZIP	BRANDON FL	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	MOORE, PAM	
STREET ADDRESS	1915 CAMP FLORIDA RD	
CITY-ST-ZIP	BRANDON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edenfield, Mike	
STREET ADDRESS	206 Mason Street	
CITY-ST-ZIP	Brandon, FL 33511	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Lemar, Jr.	
STREET ADDRESS	6508 East Fowler Ave.	
CITY-ST-ZIP	Tampa, FL 33617-2406	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher Tompkins	
STREET ADDRESS	1706 South Kings Ave	
CITY-ST-ZIP	Brandon, FL 33511-4320	
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:

*Pamela R. Moore*

*4-28-00*

*813-654-4042*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20017 (9/99)