

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47590

1. Entity Name

BRANDON '86 ROTARY FOUNDATION, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90020 024 ****61.25

Principal Place of Business

Mailing Address

1604 HERITAGE DR
 VALRICE FL 33594
 US

P.O BOX 718
 BRANDON FL 33509-0718
 US

2. Principal Place of Business

3. Mailing Address

1604 Heritage DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Valrico, FL.

4. FEI Number

65-0326962

Applied For

Not Applicable

Zip

Country

Zip

Country

FL 33594 US

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

PADGETT, STANLEY T
 501 E KENNEDY BLVD
 STE 1207
 TAMPA FL 33602

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	TD	<input type="checkbox"/> Delete
NAME	O'NEILL, BOB	
STREET ADDRESS	1604 HERITAGE DR	
CITY-ST-ZIP	VALRICO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KIZER, RANDY	
STREET ADDRESS	2312 LONG GREEN COURT	
CITY-ST-ZIP	VALRICO FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HALL, DAN	
STREET ADDRESS	5711 N 56TH STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MILTNER, JEFF	
STREET ADDRESS	1102 LAKEMOUNT DR	
CITY-ST-ZIP	VALRICO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURLEY, MITCH	
STREET ADDRESS	1108 DEER RUN PLACE	
CITY-ST-ZIP	VALRICO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Padgett, Stanley T	
STREET ADDRESS	501 E Kennedy Blvd Suite 1207	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<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:

Robert W. O'Neill
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/00

(813)
 681-3397

CR2E037 (9/99)