2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
04-19-2001 90294 002 ****61.25

DOCUMENT # N93000000377

1. Entity Name

TRENTON ROTARY CLUB, INC.

Principal Place of Business	Mailing Address
THEODORE M. BURT 114 NORTHEAST FIRST ST. TRENTON FL 32693	THEODORE M. BURT PO BOX 308 TRENTON FL 32693

DO NOT WRITE IN THIS SPACE

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 59-3141291 ☐ 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
BURT, THEODORE M 114 NORTHEAST FIRST ST. TRENTON FL 32693	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PARRISH, TERRY P O BOX 82/206 SE 5TH AVENUE TRENTON FL 32693	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Scott Guthrie SW CR 307 Trenton, FL 32693	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP BRYANT, TODD 6489 S W CR 232 TRENTON FL 32693	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPE FUGEL, PAULA LOT 106 S GULF DRIVE/P O BOX 92 SUWANNEE FL 32692	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSA FRAZIER, JOHN 3539 S W 47TH COURT BELL FL 32619	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCS BRYANT, SUSAN P O BOX 954/6770 S W 65TH STREET TRENTON FL 32693	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Charlie Smith 3649 NW 67th Terrace Bell FL 32619	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCS CLIFTON, WILLIAM 515 SW 1ST STREET TRENTON FL	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 4-9-01 352-463-3010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #