

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90052 013 \*\*\*\*61.25

**DOCUMENT # N97000003363**

1. Entity Name

**THE ROTARY CLUB OF ORLANDO, INC.**

Principal Place of Business

Mailing Address

32 W. GORE ST., SUITE 500  
 ORLANDO FL 32806

32 W. GORE ST., SUITE 500  
 ORLANDO FL 32806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-0581956**

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

**HOLLIS, BARBARA**  
**32 W. GORE ST., SUITE 500**  
**ORLANDO FL 32806**

Name

**Michael Schafer**

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

**Schafer & Mitchell PA**

**800 So. Orlando Ave. #100**

City

**Maitland, Fl.**

FL

Zip Code

**32751**

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

*Michael R. Schafer*

**2-13-01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES 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 PE  Delete  
 NAME DIETER, STEVE  
 STREET ADDRESS 631- SO. ORLANDO AVE  
 CITY-ST-ZIP WINTER PARK FL 32789

TITLE PE  Change  Addition  
 NAME Douglas Doudney  
 STREET ADDRESS 1443 Buckwood Dr.  
 CITY-ST-ZIP Orlando, Fl. 32806

TITLE SD  Delete  
 NAME SANDQUIST, DIANE  
 STREET ADDRESS 75 S IVANHOE  
 CITY-ST-ZIP ORLANDO FL 32802

TITLE S  Change  Addition  
 NAME Diane Sandquist  
 STREET ADDRESS 1390 Augusta National Blvd.  
 CITY-ST-ZIP Winter Springs, Fl. 32708

TITLE T  Delete  
 NAME SCHAFER, MICHAEL  
 STREET ADDRESS 200-S. ROBINSON #700  
 CITY-ST-ZIP ORLANDO FL 32801

TITLE Same but address change  Change  Addition  
 NAME Same  
 STREET ADDRESS 800 So. Orlando Avenue #100  
 CITY-ST-ZIP Maitland, Fl. 32751

TITLE PP  Delete  
 NAME FORD, ROBERT C  
 STREET ADDRESS 1560 EAGLES NEST CIR  
 CITY-ST-ZIP WINTER SPRINGS FL

TITLE PP  Change  Addition  
 NAME Stephen Dieter  
 STREET ADDRESS 6631 Hiddenbeach Cr.  
 CITY-ST-ZIP Orlando, Fl. 32819

TITLE D  Delete  
 NAME DOUDNEY, DOUGLAS  
 STREET ADDRESS 1443 BUCKWOOD DR.  
 CITY-ST-ZIP ORLANDO FL 32806

TITLE D  Change  Addition  
 NAME Lee Bennett  
 STREET ADDRESS 201 E. Pine Street #1200  
 CITY-ST-ZIP Orlando, Fl. 32801

TITLE P  Delete  
 NAME DEAN, MARY ANN  
 STREET ADDRESS 812 E. ROLLINS ST.  
 CITY-ST-ZIP ORLANDO FL 32803

TITLE PEE  Change  Addition  
 NAME Raleigh F. Seay Jr.  
 STREET ADDRESS 717 No. Magnolia Ave  
 CITY-ST-ZIP Orlando, Fl. 32802

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:

*Michael R. Schafer*

**2-13-01**

**407-839-3330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)