

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90324 036 ****61.25

DOCUMENT # N97000003363



1. Entity Name
THE ROTARY CLUB OF ORLANDO, INC.

Principal Place of Business
**32 W. GORE ST., SUITE 500
ORLANDO FL 32806**

Mailing Address
**32 W. GORE ST., SUITE 500
ORLANDO FL 32806**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0581956**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SCHAFFER, MICHAEL
800 SO. ORLANDO AVENUE #100
MAITLAND FL 32751**

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

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
NAME DOUDNEY, DOUGLAS
STREET ADDRESS 1443 BUCKWOOD DRIVE
CITY-ST-ZIP ORLANDO FL 32806

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S Delete
NAME LOVELACE, ELLEN
STREET ADDRESS 85 INTERLAKEN ROAD
CITY-ST-ZIP ORLANDO FL 32804

TITLE Change Addition
NAME
STREET ADDRESS 1720 GLENCOE ROAD
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE T Delete
NAME SCHAFFER, MICHAEL
STREET ADDRESS 800 SO. ORLANDO AVENUE #100
CITY-ST-ZIP MAITLAND FL 32751

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME GARCEAU, JOHN C
STREET ADDRESS 83323 AMBER OAK DRIVE
CITY-ST-ZIP ORLANDO FL 32817

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PE Delete
NAME SHEA, J DARRELL
STREET ADDRESS 818 OAK STREET
CITY-ST-ZIP ORLANDO FL 32804

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P Delete
NAME SEAY, RALEIGH F.
STREET ADDRESS 717 NO. MAGNOLIA AVENUE
CITY-ST-ZIP ORLANDO FL 32802

TITLE Change Addition
NAME
STREET ADDRESS 1030 NORTH ORANGE AVENUE
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 SCHAFFER* REQUIRED

4-24-03

CR2E037 (10/02)