

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001192

1. Entity Name

CANTONMENT ROTARY CLUB FOUNDATION, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90279 001 ***122.50



DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 235 CANTONMENT FL 32533	Mailing Address P.O. BOX 235 CANTONMENT FL 32533-0235
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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 59-3497386	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BOYWID, EDWARD T
4502 TWIN OAKS DR.
PENSACOLA FL 32506

7. Name and Address of New Registered Agent

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 *Pat Wentz* *Pat Wentz* PRES 1-12-00
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARPER, RICHARD W 3751 MCCLELLAN ROAD PENSACOLA FL 32503	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENTZ, PAT 1941 WOODBRIDGE DR. PENSACOLA FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANFORD, ED 817 DEEDRA AVE. PENSACOLA FL 32514	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIGGERS, DICK 5709 BAY FOREST DR. PENSACOLA FL 32526	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRASHUER, HERBERT 1201 TAMARA DR. PENSACOLA FL 32504	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JERNIGAN, NEIL 2891 EAST JOHNSON AVE. PENSACOLA FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

Prepper - ignore this notice

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12. I hereby certify that the information supplied with this filing does not qualify for the exemp indicated on this report or supplemental report is true and accurate and that my signature of the corporation or the receiver or trustee empowered to execute this report as required changed, or on an attachment with an address, with all other like empowered.

at the information officer or director ask 10 or Block 11 if

SIGNATURE: *Pat Wentz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00

Date Daytime Phone #

CR2E037 (9/99)