

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714223

1. Entity Name

NICEVILLE-VALPARAISO ROTARY CLUB, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90036 004 ****61.25

Principal Place of Business

107 JUNIPER ST.
NICEVILLE FL 32578
US

Mailing Address

P O BOX 388
P.O. BOX 388
NICEVILLE FL 32588
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6153587

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

HERNDON, D. TIMOTHY
4502 A HWY. 20
NICEVILLE FL 32578

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 PD
NAME MORTON, NOBLE ☒ Delete
STREET ADDRESS 2410 ROCKY SHOTIES DRIVE
CITY-ST-ZIP NICEVILLE FL 32578

TITLE PD
NAME GERBER, JIM ☒ Change ☐ Addition
STREET ADDRESS 810 MAGNOLIA SHORE DRIVE
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE TD
NAME BARNICOAT, LAURIE A ☐ Delete
STREET ADDRESS 942 RULE DE PALMS
CITY-ST-ZIP NICEVILLE FL 32578

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME RUCKEL, JIM ☐ Delete
STREET ADDRESS P.O. BOX 485
CITY-ST-ZIP VALPARAISO FL 32578

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME GERBER, JIM ☐ Delete
STREET ADDRESS 810 MAENOLIA SHORE DRIVE
CITY-ST-ZIP NICEVILLE FL 32578

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Signature of Laurie A. Barnicoat

2/28/01 850-897-4333

CR2E037 (10/00)