

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719653

1. Entity Name

ROTARY CLUB OF CYPRESS GARDENS, FLORIDA, INCORPO

FILED
Sep 08, 2000 8:00 am
Secretary of State

09-08-2000 90008 011 ****61.25

Principal Place of Business

P.O. BOX 485
WINTER HAVEN FL 33880

Mailing Address

P.O. BOX 485
WINTER HAVEN FL 33880

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

59-1350055

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

BURR, DIANE J
410 1ST STREET SOUTH
WINTER HAVEN FL 33880

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

After September 13, 2000 min. will be \$236.25

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 D ☐ Delete
NAME MAY, WILLARD
STREET ADDRESS 9 LAKE LINK DR SE
CITY-ST-ZIP WINTER HAVEN FL 33884

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

TITLE D ☐ Delete
NAME JOINER, JAMES T.
STREET ADDRESS P.O. DRAWER 230
CITY-ST-ZIP WINTER HAVEN FL

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

TITLE D ☐ Delete
NAME EDWARDS, KIM
STREET ADDRESS 231 KILMER LANE
CITY-ST-ZIP WINTER HAVEN FL 33884

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

TITLE T ☒ Delete
NAME HAGLER, ROBERT J.
STREET ADDRESS P.O. BOX 485 NA
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ Change ☒ Addition
NAME Scarlet Detjen
STREET ADDRESS 144 Longfellow Rd SE
CITY-ST-ZIP Winter Haven FL 33884

TITLE P ☐ Delete
NAME HELMS, LARRY
STREET ADDRESS 152 LK OTIS RD
CITY-ST-ZIP WINTER HAVEN FL 33884

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

TITLE S ☐ Delete
NAME BURR, DIANE
STREET ADDRESS 410 1ST ST SE
CITY-ST-ZIP WINTER HAVEN FL 33880

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/29/00

863-294-7411

CR2E037 (5/00)