

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91762 001 ****61.25

DOCUMENT # 719653

1. Entity Name

ROTARY CLUB OF CYPRESS GARDENS, FLORIDA, INCORPORATED

Principal Place of Business

Mailing Address

P.O. BOX 485
 WINTER HAVEN FL 33880

P.O. BOX 485
 WINTER HAVEN FL 33880

80120370



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

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
1285 1ST ST SE
WINTER HAVEN FL 33880

Name

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

City

State

Zip

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

Signature of Registered Agent (required when reconstituting)

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

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

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **DUCE, KARL**
 CITY-ST-ZIP **108 WALDERSON CT**
WINTER HAVEN FL 33884

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

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

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

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **HAGLER, ROBERT**
 CITY-ST-ZIP **25 GERNA CR.**
WINTER HAVEN FL 33884

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Bill Gregory**
 CITY-ST-ZIP **752 Santa Maria Dr**
Winter Haven FL 33884

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SORIANO, EDWIN**
 CITY-ST-ZIP **206 SECURITY SQ**
WINTER HAVEN FL 33881

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

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

TITLE ☒ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **Daniel Kirkland**
 CITY-ST-ZIP **125 Hawthorne Rd SE**
Winter Haven FL 33884

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)