

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

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90096 041 ****61.25

DOCUMENT # 719653

1. Entity Name

ROTARY CLUB OF CYPRESS GARDENS, FLORIDA, INCORPORATED



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

4. FEI Number **59-1350055**

Applied For

Not Applicable

Zip

Country

Zip

Country

33882

33882

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 **SIMPSON, JEFFREY P**

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

1124 1st St South

City

WINTER HAVEN

FL

Zip Code

33880

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]

Signature, typed printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/22/2003

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

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

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

TITLE **P** ☐ Change ☒ Addition
NAME **HADDON, JACK**
STREET ADDRESS **1424 GRAND CAYMAN CIR**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

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

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

TITLE **D** ☐ Delete
NAME **GREGORY, BILL**
STREET ADDRESS **752 SANTA MARIA DR.**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

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

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

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

TITLE **P** ☐ Delete
NAME **KIRKLAND, DARRELL**
STREET ADDRESS **125 HAWTHORNE RD SE**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

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

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] **JEFFREY P SIMPSON**

7/22/2003 (863) 291 6300

CR2E037 (4/03)