

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724560

1. Entity Name

BELLEAIR BLUFFS ROTARY CLUB, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90027 001 ****61.25

Principal Place of Business 2310 W. BAY DR. LARGO FL 33770 US	Mailing Address PO BOX 1624 LARGO FL 33779-1624 US
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DO NOT WRITE IN THIS SPACE

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 23-7280153	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

FORD, EDWIN
2310 W. BAY DRIVE
LARGO FL 34640

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 _____ (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	
TITLE D	<input type="checkbox"/> Delete
NAME FORD, EDWIN	
STREET ADDRESS 2310 W.BAY DRIVE	
CITY-ST-ZIP LARGO FL	
TITLE SD	<input type="checkbox"/> Delete
NAME ELLIOTT, THOMAS P	
STREET ADDRESS 9277 ELM CIR	
CITY-ST-ZIP SEMINOLE FL	
TITLE D	<input type="checkbox"/> Delete
NAME DEMERS, NORMAN E	
STREET ADDRESS 3266 OVERLOOK DR	
CITY-ST-ZIP LARGO FL	
TITLE T	<input type="checkbox"/> Delete
NAME SPELL, WILLIAM	
STREET ADDRESS 2293 INDIAN AVE NORTH	
CITY-ST-ZIP BELLEAIR BLUFFS FL 34640	
TITLE P	<input type="checkbox"/> Delete
NAME ANTHONY MAZZONE	
STREET ADDRESS 10339 IMPERIAL POINT DR. E.	
CITY-ST-ZIP LARGO, FL. 33774	
TITLE SEC.	<input type="checkbox"/> Delete
NAME MARGARET L. TALACH	
STREET ADDRESS 2589 SUNNYBREEZE AVE SW	
CITY-ST-ZIP LARGO, FL, 33770	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Margaret L. Talach* MARGARET L. TALACH 3/1/00 727-584-7283

CR2E037 (9/99)