

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724560

1. Entity Name

BELLEAIR BLUFFS ROTARY CLUB, INC.

Principal Place of Business

Mailing Address

2310 W. BAY DR.
LARGO FL 33770
US

PO BOX 1624
LARGO FL 33779-1624
US

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

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

FORD, EDWIN
2310 W. BAY DRIVE
LARGO FL 34640

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	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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

3/1/00

727-584-7283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)