

2002 UNIFORM BUSINESS REPORT (UBR)

0017339

DOCUMENT # 724560

1. Entity Name

BELLEAIR BLUFFS ROTARY CLUB, INC.

FILED

02 OCT -2 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
10339 IMPERIAL POINTE
LARGO FL 33774
US

Mailing Address
10339 IMPERIAL POINTE
LARGO FL 33774
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

~~MAZZONE, ANTHONY~~
~~10339 IMPERIAL POINT DRIVE E~~
~~LARGO FL 33774~~

CANDICE FOX
BELLEAIR BLUFFS
ROTARY
P.O. BOX 1624
LARGO FL 33774

Name CANDICE FOX
Street Address (P.O. Box Number is Not Acceptable)
11419 47TH AVE N.
City MADEIRA BEACH FL Zip Code 33708

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 Candice Fox DATE 7/22/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

61.25 After September 13, 2002, 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	DIRECTOR	<input type="checkbox"/> Delete
NAME	FORD, EDWIN	
STREET ADDRESS	2310 W.BAY DRIVE	
CITY-ST-ZIP	LARGO FL	X change
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	ELLIOTT, THOMAS P	
STREET ADDRESS	9277 ELM CIR	
CITY-ST-ZIP	SEMINOLE FL	X change
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	DEMERS, NORMAN E	
STREET ADDRESS	3266 OVERLOOK DR	
CITY-ST-ZIP	LARGO FL	X change
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SPELL, WILLIAM	
STREET ADDRESS	2293 INDIAN AVE NORTH	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 34640	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	MAZZONE, ANTHONY	
STREET ADDRESS	10339 IMPERIAL POINT DR E	
CITY-ST-ZIP	LARGO FL 33774	X change
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TALACH, MARGARET L	
STREET ADDRESS	2589 SUNNYBREEZE AVE SW	
CITY-ST-ZIP	LARGO FL 33770	

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANDICE FOX	
STREET ADDRESS	11419 47TH AVE N.	
CITY-ST-ZIP	MADEIRA BEACH FL 33708	
TITLE	700008201107	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-10/04/02--01027--008	
STREET ADDRESS	*****61.25 *****61.25	
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: Candice Fox DATE: 7/22/02 727-648-6482

CR2E037 (4/02)

10/02/02 CORPORATE DETAIL RECORD SCREEN 9:14 AM
NUM: 724560 ST:FL ACTIVE/FL NON-PROF FLD: 10/13/1972
LAST: INVOLUNTARILY DISSOLVED FLD: 10/13/1989
FEI#: 23-7280153
NAME : BELLEAIR BLUFFS ROTARY CLUB, INC.
PRINCIPAL: 10339 IMPERIAL POINTE CHANGED: 01/29/01
ADDRESS LARGO, FL 33774 US
RA NAME : MAZZONE, ANTHONY NAME CHG: 01/29/01
RA ADDR : 10339 IMPERIAL POINT DRIVE E ADDR CHG: 01/29/01
LARGO, FL 33774 US
ANN REP : (1999) A 02/27/99 (2000) A 02/25/00 (2001) A 01/29/01

1. MENU, 3. OFFICERS, 4. EVENTS, 5. NOTES

ENTER SELECTION AND CR: