

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90025 044 ****61.25

DOCUMENT # 727938

1. Entity Name

ROTARY CLUB OF MOUNT DORA, INC.

Principal Place of Business

P.O. BOX 111
 MOUNT DORA FL 32757
 US

Mailing Address

P.O. BOX 111
 MOUNT DORA FL 32757
 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

59-6209560

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARR, JEAN B
205 E. THIRD AVE.
MT. DORA FL 32757

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

TITLE **P** ☐ Delete
 NAME **BRUNETT, DUANE**
 STREET ADDRESS **2711 BAYVIEW DR**
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **T** ☐ Delete
 NAME **KARR, JEAN B**
 STREET ADDRESS **205 E. THIRD**
 CITY-ST-ZIP **MT. DORA FL 32757**

TITLE **S** ☐ Delete
 NAME **ELLIOTT, RUSSELL, T**
 STREET ADDRESS **590 CHAUTAUQUA DRIVE**
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **D** ☐ Delete
 NAME **BARNEY, DONALD**
 STREET ADDRESS **748 EAST NINTH**
 CITY-ST-ZIP **MT. DORA FL 32757**

TITLE **D** ☐ Delete
 NAME **BRANDT, JAMES**
 STREET ADDRESS **4164 DAVENPORT LANE**
 CITY-ST-ZIP **MT. DORA FL**

TITLE **D** ☐ Delete
 NAME **GORDON, C. HEYWOOD**
 STREET ADDRESS **6712 OSWEGO DRIVE**
 CITY-ST-ZIP **MT. DORA FL 32757**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME **William Delaporte**
 STREET ADDRESS **1306 Mainland Ave**
 CITY-ST-ZIP **Mainland, FL 32751**

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

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

TITLE ☒ Change ☐ Addition
 NAME **Rob RACE**
 STREET ADDRESS **P.O. Box 856**
 CITY-ST-ZIP **Mt. Dora, FL 32756**

TITLE ☒ Change ☐ Addition
 NAME **George Pearson**
 STREET ADDRESS **3425 LAUREL DR**
 CITY-ST-ZIP **Mt. Dora, FL 32757**

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/01

352-135-2262

CR2E037 (10/00)