


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

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90057 035 ****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: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State
Zip: Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-6209560** Applied For: Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KARR, JEAN B
205 E. THIRD AVE.
MT. DORA FL 32757

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: P NAME: HAIMES, STEPHANIE STREET ADDRESS: 760 CRAPE MYRTLE CR CITY-ST-ZIP: APOPKA FL 32712	<input checked="" type="checkbox"/> Delete
TITLE: T NAME: KARR, JEAN B STREET ADDRESS: 205 E. THIRD CITY-ST-ZIP: MT. DORA FL 32757	<input type="checkbox"/> Delete
TITLE: S NAME: ELLIOTT, RUSSELL, T STREET ADDRESS: 590 CHAUTAUQUA DRIVE CITY-ST-ZIP: MOUNT DORA FL 32757	<input type="checkbox"/> Delete
TITLE: D NAME: RACE, ROB STREET ADDRESS: PO BOX 856 CITY-ST-ZIP: MT. DORA FL 32756	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: PEARSON, GEORGE STREET ADDRESS: 3425 LAUREL DRIVE CITY-ST-ZIP: MOUNT DORA FL 32757	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: GORDON, C. HEYWOOD STREET ADDRESS: 6712 OSWEGO DRIVE CITY-ST-ZIP: MT. DORA FL 32757	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: AL WITTEBERG NAME: P.O. Box 111 STREET ADDRESS: Mount Dora, FL 32757 CITY-ST-ZIP: Mount Dora, FL 32757	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Bob KAISER NAME: PO Box 111 STREET ADDRESS: mt. Dora, FL 32757 CITY-ST-ZIP: mt. Dora, FL 32757	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Coleman Holt NAME: PO Box 111 STREET ADDRESS: Mt. Dora, FL 32757 CITY-ST-ZIP: Mt. Dora, FL 32757	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: *[Signature]* **REQUIRED** Date: **1/10/03**

CR2E037 (10/02)