2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 02, 2000 8:00 am DOCUMENT # **729086** 1. Entity Name **Secretary of State** ROTARY CLUB OF TARPON SPRINGS, INC. 03-02-2000 90091 019 ****61.25 JAKKE STATES Mailing Address Principal Place of Business 110 S. LEVIS AVENUE 111 POST OFFICE BOX 234 TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34683-0234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-6209596 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired. Fee Required 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BILIRAKIS, MICHAEL 304 DRIFTWOOD DRIVE WEST PALM HARBOR FL FL 33563 Zip Code City 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 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition Delete TITLE TITLE HOFFHAN EDWARDC., JR. vinson, William NAME NAME 216 GEORGEST. S STREET ADDRESS STREET ADDRESS 144 SPRING BLVD, NORTH TARPONSPRINGS, FL 34689 CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34689 Addition TITLE X Delete TITLE Change HAUCK, CHRISTING J. NAME SMITHER, TERRY B NAME 3460 COUNTRYSIDE BLVD#6 STREET ADDRESS STREET ADDRESS 1325 HILLSIDE DR --CITY-ST-ZIP CLEARWATER FL 33761 CITY-ST-ZIP TARPON SPRINGS FL ☐ Change TITLE TITLE DKleinfield, Wally Addition NAME DOYLE, CAROLE NAME 738 Bayshore Drive STREET ADDRESS 401 CROSSWINDS DR. STREET ADDRESS Terpon Springs, FL 34684 CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34689 5 DOYLE, CAROLE TITLE Change Addition TITLE Delete .NAME STEVENSON, GWEN NAME 40 ICROSSWINDS DR. STREET ADDRESS STREET ADDRESS 13943 FRIENDSHIP LANE CITY-ST-7IP TARPONSPRINGS, FL 34689 CITY-ST-ZIP ODESSA FL 33556 Addition Delete TITLE Change TITLE GENE SANTELLA ARCHER, JAMES NAME NAME UGCENTRALCT. STREET ADDRESS STREET ADDRESS 1414 OLEANDER DR [ARPONSPRINGS FL 34689 CITY-ST-ZIP CITY-ST-ZIP **TARPON SPRINGS FL 34689** Change TITLE TITLE KING, JOAN GRANTHAM, WILLIAM, JR. 627 RIVERSIDE & B. NAME NAME STREET ADDRESS 734 CHESAPEAKE DR STREET ADDRESS CITY-ST-ZIP TARPONSPRINGS CITY-ST-ZIP TARPON SPRINGS FL 34689 1-c 34689

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:

| Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the chapter 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 the chapter 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 the chapter 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 the chapter 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 the chapter 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 the chapter of the corporation of the corporat

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