

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90004 047 ****61.25

DOCUMENT # 729086

1. Entity Name

ROTARY CLUB OF TARPON SPRINGS, INC.

Principal Place of Business

**110 S. LEVIS AVENUE
TARPON SPRINGS FL 34689**

Mailing Address

**POST OFFICE BOX 234
TARPON SPRINGS FL 34688**

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 **59-6209596**

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

Name **Vinson, William L**

Street Address (P.O. Box Number is Not Acceptable)

110 South Levis AvenueCity **Tarpon Springs**

FL

Zip Code **34689****BILIRAKIS, MICHAEL
304 DRIFTWOOD DRIVE WEST
PALM HARBOR FL FL 33568**

8. The above named entity submits the 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

1/8/01**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 **P** ☒ Delete
NAME **HOFFMAN, EDWARD C JR**
STREET ADDRESS **216 GEORGE ST S**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**TITLE **T** ☐ Delete
NAME **HAUCK, CHRISTINE J**
STREET ADDRESS **3460 COUNTRYSIDE BLVD #6**
CITY-ST-ZIP **CLEARWATER FL 33761**TITLE **S** ☐ Delete
NAME **DOYLE, CAROLE**
STREET ADDRESS **401 CROSSWINDS DR.**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**TITLE **D** ☒ Delete
NAME **KLEINFELD, WALLY**
STREET ADDRESS **738 BAYSHORE DRIVE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**TITLE **VP** ☒ Delete
NAME **SANTELLA, GENE**
STREET ADDRESS **49 CENTRAL CT**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**TITLE **D** ☒ Delete
NAME **GRANTHAN, WILLIAM JR**
STREET ADDRESS **627 RIVERSIDE DR**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**TITLE **President** ☐ Change ☒ Addition
NAME **Vinson, Lynda C**
STREET ADDRESS **144 Spring Blvd North**
CITY-ST-ZIP **Tarpon Springs, FL 34689**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **Director** ☐ Change ☒ Addition
NAME **Mattia Michael N**
STREET ADDRESS **688 Hidden Lake Drive**
CITY-ST-ZIP **Tarpon Springs FL 34689**TITLE **Vice President** ☐ Change ☒ Addition
NAME **Vinson, William L**
STREET ADDRESS **144 Spring Blvd North**
CITY-ST-ZIP **Tarpon Springs FL 34689**TITLE **Director** ☐ Change ☒ Addition
NAME **Faklis Vasile G**
STREET ADDRESS **929 Oakview Road**
CITY-ST-ZIP **Tarpon Springs FL 34689**

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:

William L. Vinson, President**1/03/01 (727) 937-0772**

CR2E037 (10/00)