

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736098

1. Entity Name

THE ROTARY CLUB OF CASSELBERRY, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90098 015 ****61.25

Principal Place of Business

Mailing Address

5250 S HWY 17-92
P O BOX 180895
CASSELBERRY FL 32718-0895
US

5250 S HWY 17-92
P O BOX 180895
CASSELBERRY FL 32718-0895
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

59-6585249

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

OWEN, RICHARD B
5250 S HWY 17-92
CASSELBERRY FL 32707

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	STONE, MARK	
STREET ADDRESS	8238 AFTON SQ., #105	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCELROY, TOM	
STREET ADDRESS	3 LAMPLITE CT	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BALL, MARGUERITE	
STREET ADDRESS	2026 CHIPPAW TRIAL	
CITY-ST-ZIP	MATLAND FL 32751	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BERKO, JAMES	
STREET ADDRESS	1814 CROWLEY CIR.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CRESSWELL, JOHN	
STREET ADDRESS	5840 RED BUG LAKE RD STE 420	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FELTOVIC, DAVE	
STREET ADDRESS	2260 GLENWOOD DR	
CITY-ST-ZIP	WINTER PARK FL 32784	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	238 AFTON, SQ., #105	
STREET ADDRESS	ALTAMONTE SPRINGS, FL 32714	
CITY-ST-ZIP	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" 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 checked="" type="checkbox"/> Addition
NAME	DIPPY REAS	
STREET ADDRESS	P.O. BOX 977	
CITY-ST-ZIP	GOLDENROD, FL 32733	

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: MARGUERITE BALL 02/23/00 (407) 671-5445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)