

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736098

1. Entity Name

THE ROTARY CLUB OF CASSELBERRY, INC.

**FILED**  
**Apr 14, 2001 8:00 am**  
**Secretary of State**

04-14-2001 90014 030 \*\*\*\*61.25

0022401

Principal Place of Business

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

Mailing Address

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
STONE, MARK  
238 AFTON SQ #105  
ALTAMONTE SPRINGS FL 32714 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
MCELROY, TOM  
3 LAMPLITE CT  
CASSELBERRY FL 32707 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~PD~~  
BALL, MARGUERITE  
2026 CHIPPAW TRIAL  
MAITLAND FL 32751 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BERKO, JAMES  
1814 CROWLEY CIR.  
LONGWOOD FL 32779 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
CRESSWELL, JOHN  
5840 RED BUG LAKE RD STE 420  
WINTER SPRINGS FL 32708 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
REAS, TIPPY  
PO BOX 977  
GOLDENROD FL 32733 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/D  
GUGLIELMELLO, LOUIS  
1100 CRYSTAL BOWL CIRCLE  
CASSELBERRY, FL 32707 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S/D  
CASEY, SHERILL  
375 AMETHYST COURT  
LAKE MARY, FL 32746 ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ERIKSEN, DINEE  
95 TRIPLETT LAKE DRIVE  
CASSELBERRY, FL 32707 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T/D  
  
  
  
 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CELONES, BEN  
204 DOVERWOOD DRIVE  
FERN PARK, FL 32730 ☐ Change ☒ 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 all other like empowered.

SIGNATURE: *Louis Guglielmello*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/01 (407) 695-2155

Date

Daytime Phone #

CR2E037 (10/00)