

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736098

1. Entity Name

THE ROTARY CLUB OF CASSELBERRY, INC.

FILED

Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90050 024 ****61.25

Principal Place of Business

Mailing Address

5250 S HWY 17-92

~~P O BOX 100095~~

CASSELBERRY FL 32710-0005

US

5250 S HWY 17-92

~~P O BOX 100095~~

CASSELBERRY FL 32710-0005

US

No PO
Box
Change
ZIP



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CASSELBERRY, FL

Zip

32707

Country

City & State

CASSELBERRY, FL

Zip

32707

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

DANIEL C. FREEMAN, JR.

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

(Same as before)

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

02/27/02

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 PD ☐ Delete
NAME GUGLIEMMO, LOUIS
STREET ADDRESS 1100 CRYSTAL BOWL CIRCLE
CITY-ST-ZIP CASSELBERRY FL 32707

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

TITLE SD ☐ Delete
NAME CASEY, SHERRILL
STREET ADDRESS 375 AMETHYST COURT
CITY-ST-ZIP LAKE MARY FL 32746

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

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

TITLE D ☐ Change ☒ Addition
NAME FREEMAN, JR. DANIEL C
STREET ADDRESS 548 ORANGE DR., #15
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

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

TITLE DV ☐ Change ☒ Addition
NAME GIRALDO, CARLOS H.
STREET ADDRESS 169 SPRING CHASE DR.
CITY-ST-ZIP CASSELBERRY, FL 32714

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

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

TITLE D ☐ Delete
NAME CELONES, BEN
STREET ADDRESS 204 DOVERWOOD DRIVE
CITY-ST-ZIP FERN PARK FL 32730

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/27/02 407-831-2890

CR2E037 (9/01)