

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90019 012 \*\*\*\*61.25

**DOCUMENT # 738209**

1. Entity Name

**ROTARY CLUB OF ORLANDO SOUTH, INC.**

Principal Place of Business

Mailing Address

**3531 COUNTRY LKS DR  
 ORLANDO FL 32812  
 US**

**3531 COUNTRY LKS DR  
 ORLANDO FL 32812  
 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

**59-1755927**

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

**BAINES, RICHARD A  
 3531 COUNTRY LKS DR  
 ORLANDO FL 32812**

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

T  
 ARING, ELIZABETH  
 1600 DELANEY AVE  
 ORLANDO FL 32806

☐ Change ☐ Addition

S  
 PERRY, LISA  
 30262 AHARIAS DR  
 ORLANDO FL 32837

☐ Change ☐ Addition

D  
 EATON, STEVE  
 1749 JAMZEN DR  
 KISSIMMEE FL 34744

☐ Change ☐ Addition

D  
 MATZA, HARLENE  
 8048 SANDPOINTE BLVD  
 ORLANDO FL 32819

☐ Change ☐ Addition

D  
 BLACKBURN, SUSAN  
 232 CAMINO REAL CT  
 ORLANDO FL 32837

☐ Change ☐ Addition

☐ Delete

☐ 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Richard A. Baines 1-7-02 240-5248**

CR2E037 (9/01)