

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90107 005 ****61.25

DOCUMENT # 738209

1. Entity Name

ROTARY CLUB OF ORLANDO SOUTH, INC.



Principal Place of Business

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

Mailing Address

**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 **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **T** ☒ Delete
NAME **ARING, ELIZABETH**
STREET ADDRESS **1600 DELANEY AVE**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **S** ☐ Delete
NAME **PERRY, LISA**
STREET ADDRESS **30262 AHARIAS DR**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **D** ☐ Delete
NAME **EATON, STEVE**
STREET ADDRESS **1749 JAMZEN DR**
CITY-ST-ZIP **KISSIMEE FL 34744**

TITLE **D** ☐ Delete
NAME **MATZA, HARLENE**
STREET ADDRESS **8048 SANDPOINTE BLVD**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **D** ☒ Delete
NAME **BLACKBURN, SUSAN**
STREET ADDRESS **232 CAMINO REAL CT**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **RICHARD BAINES**
STREET ADDRESS **3531 COUNTRY LKS DR.**
CITY-ST-ZIP **ORLANDO FL 32812**

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

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

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-03

4074368000

CR2E037 (10/02)