

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740775

1. Entity Name

HAINES CITY ROTARY CLUB, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90100 019 ****61.25

Principal Place of Business

Mailing Address

18 N 6TH ST
HAINES CITY FL 33844
US

435 GLEN EAGLES CT
WINTER HAVEN FL 33884-1222
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

59-2867860

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

LAWHORN, J. N.
326 W. GRAHAM PK.
HAINES CITY FL 33844

Name

Neil Johnson

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

435 GLENEAGLES CT

City

Winter Haven

FL

Zip Code

33884

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 PD
NAME BLANK, JENNIFER
STREET ADDRESS 48 PINE FOREST DR
CITY-ST-ZIP HAINES CITY FL 33844 ☒ Delete

TITLE PD
NAME Duane West
STREET ADDRESS 8 NOTTINGHAM WAY
CITY-ST-ZIP HAINES CITY FL 33844 ☒ Change ☐ Addition

TITLE SD
NAME JOHNSON, NELL
STREET ADDRESS 435 GLENEAGLES CT
CITY-ST-ZIP WINTER HAVEN FL 33884 ☐ Delete

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

TITLE TD
NAME JACKSON, KIM
STREET ADDRESS 3550 ROE RD
CITY-ST-ZIP HAINES CITY FL 33844 ☒ Delete

TITLE TD
NAME DENISE WATTS
STREET ADDRESS 896 LISA LANE
CITY-ST-ZIP HAINES CITY FL 33844 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME Kim JACKSON - D
STREET ADDRESS 3550 Roe Rd
CITY-ST-ZIP HAINES CITY FL 33844 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00

Date

863 422-3900

Daytime Phone #

CR2E037 (9/99)