

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90174 031 ****61.25

DOCUMENT # 740775

1. Entity Name

HAINES CITY ROTARY CLUB, INC.

Principal Place of Business

18 N 8TH ST
HAINES CITY FL 33844
US

Mailing Address

435 GLEN EAGLES CT
WINTER HAVEN FL 33884
US

2. Principal Place of Business

Southern Dunes
Suite, Apt. #, etc. Dunes
100 Southern Blvd.
City & State
Haines City FL

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

City & State

Zip

33844

Country

us

Country

us

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

Neil
JOHNSON, NEIL
435 GLENEAGLES CT
WINTER HAVEN FL 33884

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.

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, NEIL	
STREET ADDRESS	435 GLENEAGLES CT	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, MIKE	
STREET ADDRESS	3105 MASSEE ROAD Massee	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WATTS, DENISE	
STREET ADDRESS	896 LISA LANE	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HARVEY, DEBBIE	
STREET ADDRESS	114 S 7TH STREET	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	D	<input type="checkbox"/> Delete
NAME	Gary	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3105 Massee Rd	
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kim Jackson	
STREET ADDRESS	7722 SR 544E, Suite 203	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary Hester	
STREET ADDRESS	PO Box 2026	
CITY-ST-ZIP	Haines City, FL 33845	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E037 (9/01)