

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90714 003 ****61.25

DOCUMENT # 740775

1. Entity Name

HAINES CITY ROTARY CLUB, INC.



Principal Place of Business

**SOUTHERN DUNES
100 SOUTHERN DUNES BLVD
HAINES CITY FL 33844
US**

Mailing Address

**435 GLEN EAGLES CT
WINTER HAVEN FL 33884
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

Neil
**JOHNSON, NEIL
435 GLENEAGLES CT
WINTER HAVEN FL 33884**

4. FEI Number **59-2867860**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD JOHNSON, NEIL 435 GLENEAGLES CT WINTER HAVEN FL 33884	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD THOMPSON, MIKE 3105 MASSEE RD DAVENPORT FL 33837	<input type="checkbox"/> Delete	<i>V</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VD WATTS, DENISE 896 LISA LANE HAINES CITY FL 33844	<input checked="" type="checkbox"/> Delete	<i>D Broadway, Tom 24 Nottingham Way Haines City, FL 33884</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TD JACKSON, KIM 7722 SR 544E., SUITE 200 WINTER HAVEN FL 33881	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D HESTER, GARY P.O. BOX 2026 HAINES CITY FL 33845	<input type="checkbox"/> Delete	<i>P</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Neil Johnson
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-03

CR2E037 (10/02)