

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747510

1. Entity Name

THE ROTARY CLUB OF LONGWOOD, FLORIDA, INC.

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90381 016 \*\*\*\*61.25

Principal Place of Business

Mailing Address

POST OFFICE BOX 915401  
LONGWOOD FL 32791

POST OFFICE BOX 915401  
LONGWOOD FL 32791-5401

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

ANZIVINO, CARMEN A.  
135 LAUREL OAK DR  
LONGWOOD FL 32779

4. FEI Number

59-1902431

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES 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	TD	<input checked="" type="checkbox"/> Delete
NAME	RECTOR, TOM	
STREET ADDRESS	1735 W. CARLTON ST.	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACKADAR, DON	
STREET ADDRESS	174 VARSITY CIRCLE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, KEN	
STREET ADDRESS	1792 GRANGE CIRCLE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JOHN W	
STREET ADDRESS	1388 S HIGHWAY 427	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	PP	<input checked="" type="checkbox"/> Delete
NAME	HANNAH, ROBERT	
STREET ADDRESS	1550 WARWICK PLACE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COX, BRIAN	
STREET ADDRESS	201 SWEETWATER CLUB BLVD	
CITY-ST-ZIP	LONGWOOD FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Baucum, Warren	
STREET ADDRESS	106 Riverbend Blvd	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lutz, Robert	
STREET ADDRESS	205 Garden Lane	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Oberly, Gene	
STREET ADDRESS	101 Stone Brook Court	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tor Walstrom	
STREET ADDRESS	434 Andrews Drive	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Morris, Dave	
STREET ADDRESS	312 Wyndham Way	
CITY-ST-ZIP	Casselberry, FL 32707	

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:

*William C. Robinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/00

(407) 699-4413

CF12E037 (9/99)