

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 747510**

1. Entity Name

THE ROTARY CLUB OF LONGWOOD, FLORIDA, INC.

Principal Place of Business

**POST OFFICE BOX 915401
LONGWOOD FL 32791**

Mailing Address

**POST OFFICE BOX 915401
LONGWOOD FL 32791**

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

59-1902431

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****ANZIVINO, CARMEN A.
135 LAUREL OAK DR
LONGWOOD FL 32779****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 \$61.259. 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	D	<input checked="" type="checkbox"/> Delete
NAME	BAUCUM, WARREN	
STREET ADDRESS	106 RIVERBEND BLVD	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	X D	<input type="checkbox"/> Delete
NAME	PINCKNEY, JAMES	
STREET ADDRESS	721 SOUTH ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	X V.P.	<input type="checkbox"/> Delete
NAME	LUTZ, ROBERT	
STREET ADDRESS	205 GARDEN LN	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POLITOWICZ, EDWARD P	
STREET ADDRESS	726 FAIR OAKS LANE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	DORHEROW, DAVID	
STREET ADDRESS	65 N ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROBINSON, WILLIAM C	
STREET ADDRESS	659 TAM COURT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey Pawlcek	
STREET ADDRESS	1749 Walnut Ave.	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Recicar	
STREET ADDRESS	1735 Conlton St.	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1/23/02

Date

407-699-4413

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)