

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90140 039 *****61.25

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

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

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

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 **D** ☐ Delete
NAME **JEFFRE, PAWJACK**
STREET ADDRESS **1749 WALNUT AVE**
CITY-ST-ZIP **UMATILLA FL 32784**

TITLE ☒ Change ☐ Addition
NAME **Jeffre Pawlack**

TITLE **P** ☒ Delete
NAME **PINCKNEY, JAMES**
STREET ADDRESS **721 SOUTH ORANGE BLOSSOM TRAIL**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **D** ☐ Change ☒ Addition
NAME **MULLER, Tom**
STREET ADDRESS **309 Burleigh**
CITY-ST-ZIP **Winter Springs, FL 32708**

TITLE **D** ☐ Delete
NAME **LUTZ, ROBERT**
STREET ADDRESS **205 GARDEN LN**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **P** ☒ Change ☐ Addition
NAME **Hughes, Barbara**
STREET ADDRESS **2295 S. Grandview Ave**
CITY-ST-ZIP **Sanford, FL 32771**

TITLE **P** ☒ Delete
NAME **RECICAR, TOM**
STREET ADDRESS **1735 CARLTON ST**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **D** ☒ Change ☐ Addition
NAME **Dotherow, David**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DORHEROW, DAVID**
STREET ADDRESS **65 N ORANGE AVENUE**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **T** ☐ Change ☐ Addition
NAME **ROBINSON, WILLIAM C**
STREET ADDRESS **659 TAM COURT**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **T** ☐ Delete
NAME **ROBINSON, WILLIAM C**
STREET ADDRESS **659 TAM COURT**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

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 1/21/03 (407) 699-4413

CR2E037 (10/02)