

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755774

1. Entity Name

ROTARY CLUB OF OCEANSIDE DAYTONA BEACH, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90028 048 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 4011
SOUTH DAYTONA FL 32121

P.O. BOX 4011
SOUTH DAYTONA FL 32121

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6550584

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DAVIS, ROBERT
1912 S PENINSULA DR
DAYTONA BEACH FL 32118

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GALLANT, THOMAS
2028 BLAIS AVE
DAYTONA BEACH FL 32118 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Cliff, Denny
2040 Oriole Lane
SOUTH DAYTONA, FL 32119-2736 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
VEITCH, DALE
4036 SO PENINSULA DR
WILBER-BY-SEA FL 32127 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
Veitch, Dale
P.O. Box 290201
Port Orange, FL 32129 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MALLORY, DAVID
3443 COUNTRY MANOR DR
PT ORANGE FL 32119 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Kersenbrock, Gerald
385 Wild Orange Dr.
New Smyrna Beach, FL 32168 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)