

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758749

Entity Name

ROTARY CLUB OF SANFORD-BREAKFAST, FLORIDA, INC.

FILED

Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90172 040 \*\*\*\*61.25

Principal Place of Business

Mailing Address

20 N PARK AVE  
SANFORD FL 32771

P.O. BOX 1652  
SANFORD FL 32772  
US

Principal Place of Business

3. Mailing Address

Same

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2137966

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

ASKEW, TIMOTHY R JR  
230 N PARK AVE  
SANFORD FL 32771

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

NAME	PD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	JOHNSON, WILLIAM	
CITY-ST-ZIP	3675 ORLANDO DR. SANFORD FL 32773	
NAME	VPD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	PHILLIPS, DOUG	
CITY-ST-ZIP	4356 ROCKEY RIDGE PL. SANFORD FL 32773	
NAME	T	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	MEEKS, JON	
CITY-ST-ZIP	621 PARK AVE. SANFORD FL 32771	
NAME	SD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	ASKEW, TIM	
CITY-ST-ZIP	413 DEBARY AVE ENTERPRISE FL 32771	
NAME	D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	BOSSERT, ED	
CITY-ST-ZIP	823 PARK AVE SANFORD FL 32771	
NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	STOCKSETT, WENDELL S	
CITY-ST-ZIP	250 ART LANE SANFORD FL	

TITLE	President	<input checked="" type="checkbox"/> Change. <input type="checkbox"/> Addition
NAME	Askew, Timothy R. Jr.	
STREET ADDRESS	413 Debarry Ave.	
CITY-ST-ZIP	Enterprise, FL 32725	
TITLE	VPD	<input checked="" type="checkbox"/> Change. <input type="checkbox"/> Addition
NAME	Kidd, Jim	
STREET ADDRESS	608 Osceola Drive	
CITY-ST-ZIP	Sanford, FL 32773	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change. <input type="checkbox"/> Addition
NAME	P. Daniel Hearn	
STREET ADDRESS	4135 Ivey Glen Ave.	
CITY-ST-ZIP	Orlando, FL 32826	
TITLE	Secretary	<input checked="" type="checkbox"/> Change. <input type="checkbox"/> Addition
NAME	Rich Martin	
STREET ADDRESS	117 N. Sunland Drive	
CITY-ST-ZIP	Sanford, FL 32773	
TITLE	D	<input checked="" type="checkbox"/> Change. <input type="checkbox"/> Addition
NAME	Russi, Rick	
STREET ADDRESS	498 New Hope Drive	
CITY-ST-ZIP	Altamonte Springs FL 32714	
TITLE	D	<input checked="" type="checkbox"/> Change. <input type="checkbox"/> Addition
NAME	Stenstrom, Pat	
STREET ADDRESS	308 Lake BLVD	
CITY-ST-ZIP	Sanford, FL 32773	

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:

Timothy R. Askew

30 Jan 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)