

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762994

1. Entity Name

ROTARY CLUB OF SEMINOLE LAKE, FLORIDA, U.S.A., I

Principal Place of Business

POST OFFICE BOX 3294
SEMINOLE FL 33772
US

Mailing Address

POST OFFICE BOX 3294
SEMINOLE FL 33775-3294
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2110073

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

SCHULER, TIMOTHY C ESQ
7843 SEMINOLE BLVD.
SEMINOLE FL 33772

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 ~~PD~~ ☐ Delete
NAME MAYER, DOUGLAS
STREET ADDRESS 11915 81ST AVE N
CITY-ST-ZIP SEMINOLE FL

TITLE PD ☒ Change ☐ Addition
NAME MEYER
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~PD~~ ☐ Delete
NAME FOSTER RALPH
STREET ADDRESS 5567 BAYPINE LN
CITY-ST-ZIP ST PETERSBURG FL

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

TITLE TD ☐ Delete
NAME HASTINGS, DUDLEY
STREET ADDRESS 7975 58TH AVE N #410
CITY-ST-ZIP ST PETERSBURG FL 33709

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

TITLE SD ☒ Delete
NAME SCHULER, TIMOTHY C
STREET ADDRESS 7843 SEMINOLE BLVD
CITY-ST-ZIP SEMINOLE FL

TITLE SD ☐ Change ☒ Addition
NAME MARCUS, GARY
STREET ADDRESS 9645 105TH TRCN
CITY-ST-ZIP LARGO FL 33777

TITLE D ☒ Delete
NAME TORREY-SCHMORANZ, PATRICIA
STREET ADDRESS 10495 HAMLIN BLVD
CITY-ST-ZIP LARGO FL

TITLE D ☐ Change ☒ Addition
NAME STAMM, GLENN
STREET ADDRESS 650 CORTAZ DR
CITY-ST-ZIP TIERRA VERDE, FL 33715

TITLE VPD ☒ Delete
NAME ESPOSITO, JOE
STREET ADDRESS 5401 BAYSHORE DR
CITY-ST-ZIP SEMINOLE FL 33772

TITLE PD ☐ Change ☒ Addition
NAME LILLO, SANDRA
STREET ADDRESS 8300 - 113TH AVE N.
CITY-ST-ZIP SEMINOLE FL 33772

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 of Timothy C. Schuler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00

727-546-3364

Date

Daytime Phone #

CR2E037 (9/99)