2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 22, 2001 8:00 am Secretary of State **DOCUMENT # 762994** 1. Entity Name ROTARY ČLUB OF SEMINOLE LAKE, FLORIDA, U.S.A., I 03-22-2001 90032 050 ****61.25 Principal Place of Business Mailing Address POST OFFICE BOX 3294 POST OFFICE BOX 3294 SEMINOLE FL 33772 SEMINOLE FL 33772 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2110073 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SCHULER, TIMOTHY C ESQ 7843 SEMINOLE BLVD. SEMINOLE FL 33772 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Make Check Payable to Trust Fund Contribution. П Added to Fees _.Department:of_State FEE-IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. VPD etfange ☐ Addition CR2E037 (10/00 PD Delete TITLE TITLE MEYER, DOUGLAS NAME NAME STREET ADDRESS 11915 81ST AVE N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL ☐ Addition D ☐ change ☐ Delete TITLE TITLE NAME FOSTER RALPH NAME STREET ADDRESS STREET ADDRESS 5567 BAYPINE LN CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL ☐ Delete ☐ Change ☐ Addition TD TITLE TITLE HASTINGS, DUDLEY NAME NAME STREET ADDRESS STREET ADDRESS 7975 58TH AVE N #410 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33709 SD.____ ☐ Delete Change 5 D Addition TITLE TITLE -MARCUS, GARY NAME LEE NAME Brown STREET ADDRESS STREET ADDRESS 9645 LOST TRACE 4004 CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33777** Change ☐ Addition ☐ Delete TITLE GLENN, STAMM NAME NAME STREET ADDRESS STREET ADDRESS 650 CORTEZ DR CITY-ST-7IP CITY-ST-ZIP TIERRA VERDE FL 33715 ☐ Addition PED ☐ Delete TITLE LILO, SANDRA NAME NAME STREET ADDRESS STREET ADDRESS 8300-113TH AVE. N. CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with an address