

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90032 013 \*\*\*\*61.25

**DOCUMENT # 762994**

1. Entity Name

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

Principal Place of Business

**POST OFFICE BOX 3294  
 SEMINOLE FL 33772  
 US**

Mailing Address

**POST OFFICE BOX 3294  
 SEMINOLE FL 33772  
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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)

**9075**

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

**2-12-02**

**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 **VPD** ☒ Delete  
 NAME **MEYER, DOUGLAS**  
 STREET ADDRESS **11915 81ST AVE N**  
 CITY-ST-ZIP **SEMINOLE FL**

TITLE **SD** ☐ Change ☒ Addition  
 NAME **BYRNE, STEVEN**  
 STREET ADDRESS **8260 - 27TH AVE N.**  
 CITY-ST-ZIP **ST PETERSBURG FL 33710**

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

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

TITLE **SD** ☒ Delete  
 NAME **MARCUS, GARY**  
 STREET ADDRESS **9645 LOST TRACE**  
 CITY-ST-ZIP **LARGO FL 33777**

TITLE **TD** ☐ Change ☒ Addition  
 NAME **TROVATO, VINCE**  
 STREET ADDRESS **1111 N. BAYSHORE BLVD # F-Y**  
 CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE **PD** ☐ Delete  
 NAME **GLENN, STAMM**  
 STREET ADDRESS **650 CORTEZ DR**  
 CITY-ST-ZIP **TIERRA VERDE FL 33715**

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

TITLE **PD** ☐ Delete  
 NAME **LILO, SANDRA**  
 STREET ADDRESS **8300-113TH AVE. N.**  
 CITY-ST-ZIP **SEMINOLE FL 33772**

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

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-22-02**

Date

Daytime Phone #

CR2E037 (9/01)