

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90011 045 \*\*\*\*61.25

**DOCUMENT # 765358**

1. Entity Name

**RUSKIN-APOLLO BEACH ROTARY CLUB, INC.**

*R*

00086306



DO NOT WRITE IN THIS SPACE

Principal Place of Business P O BOX 1765 5908 FORTUNE PLACE RUSKIN FL 33570 US	Mailing Address P. O. BOX 1765 5908 FORTUNE PLACE APOLLO BEACH FL 33572-2643 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2833997</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**GLISSON, DAMON C., ESQ.**  
**5908 FORTUNE PLACE**  
**APOLLO BEACH FL 33570**

7. Name and Address of New Registered Agent

Name: *Elizabeth Whidden*  
 Street Address (P.O. Box Number is Not Acceptable): *103 Flamingo Dr*  
 City: *Apollo Beach* FL Zip Code: *33570*

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: *Stephen M. Males* DATE: *7-11-00*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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

TITLE NAME	VPD MIXON, MICKEY	<input type="checkbox"/> Delete
STREET ADDRESS	210 WOODLAND ESTATES SW	
CITY-ST-ZIP	RUSKIN FL 33570	
TITLE NAME	PD OTT, HAL	<input type="checkbox"/> Delete
STREET ADDRESS	715 US HWY 41 SOUTH	
CITY-ST-ZIP	RUSKIN FL 33570	
TITLE NAME	TD WHIDDEN, ELIZABETH	<input type="checkbox"/> Delete
STREET ADDRESS	<del>103 FLAMINGO DR.</del> <i>117 Flamingo Dr</i>	
CITY-ST-ZIP	APOLLO BCH FL	
TITLE NAME	SD RIFE, P. WYNONA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 1316	
CITY-ST-ZIP	RUSKIN FL 33570	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<i>President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<i>Director</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<i>117 Flamingo Drive</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>APOLLO BCH, FL 33572</i>	
CITY-ST-ZIP		
TITLE NAME	<i>Secretary</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<i>Brenda Knowles</i>	
CITY-ST-ZIP	<i>517 Apollo Beach Blvd</i>	
TITLE NAME	<i>Apollo Beach, Fla 33572</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Stephen M. Males* DATE: *7-11-00* DAYTIME PHONE #: *(813) 695-4098*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/00)