

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90121 024 ****61.25

DOCUMENT # N00000004389

1. Entity Name

THE ROTARY CLUB OF MURDOCK, INC.

Principal Place of Business

**P O BOX 380982
 MURDOCK FL 33938**

Mailing Address

**P O BOX 380982
 MURDOCK FL 33938**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1028203

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**EMCH, RICHARD M
 3399 CABARET STREET
 PORT CHARLOTTE FL 33948**

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 ☒ Delete
 NAME **P WINSOR, DAVID M**
 STREET ADDRESS **795 NW CRESTVIEW CIRCLE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

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

TITLE ☐ Delete
 NAME **D MIRAGLIA, JOE**
 STREET ADDRESS **3614 PALM DRIVE**
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE ☐ Change ☒ Addition
 NAME **T STRUK, ANDREW J.**
 STREET ADDRESS **414 CAICOS DR.**
 CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE ☐ Delete
 NAME **D EMCH, RICH**
 STREET ADDRESS **3399 CABARET STREET**
 CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE ☐ Change ☒ Addition
 NAME **D MULLEN, GEORGE**
 STREET ADDRESS **4467 MARALDO AVE.**
 CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE ☐ Delete
 NAME **D WILLIAMS, KEITH**
 STREET ADDRESS **17450 WHITE WATER CT.**
 CITY-ST-ZIP **PUNTA GORDA FL**

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

TITLE ☒ Delete
 NAME **D WILLIS, JUDY**
 STREET ADDRESS **23187 MACLELLAN**
 CITY-ST-ZIP **PORT CHARLOTTE FL**

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

TITLE ☐ Delete
 NAME **T STEVENS, CAROL W**
 STREET ADDRESS **1777 TAMiami TRAIL #407**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE ☒ Change ☐ Addition
 NAME **P**
 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:

Andrew J Struk **ANDREW J STRUK** 4/15/02 (941) 637-8209
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)