

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90420 037 ****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

Zip

Country

Zip

Country

4. FEI Number **65-1028203**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VP** ☐ Change ☒ Addition
NAME **ROBERTS, JOHN**
STREET ADDRESS **209 FLAMINGO BLVD.**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33954**

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

TITLE **S** ☐ Change ☒ Addition
NAME **NEUHOFFER, SHARON**
STREET ADDRESS **2961 SE SHAW PIT ROAD**
CITY-ST-ZIP **ARCADIA, FL 34266**

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

TITLE ☐ 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 *Andrew J Struk, Treasurer*

3/26/03

941 637-8209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)