

2001 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 26, 2001 8:00 am
Secretary of State

05-10-2001 90175 020 ****61.25

DOCUMENT # **100000005935**

1. Entity Name

The Seven Springs Rotary, Inc.

Principal Place of Business

Mailing Address

P.O. Box 295
New Port Richey, FL 34656

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

8889

DO NOT WRITE IN THIS SPACE

☒ 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

Nicholas Taldone, Esq.
2536 Countryside Blvd.
Clearwater, FL 33763

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	Robert Menoli	
STREET ADDRESS	P.O. BOX 295	
CITY-ST-ZIP	NEW PORT RICHEY FL 34656	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	William Butler	
STREET ADDRESS	P.O. BOX 295	
CITY-ST-ZIP	NEW PORT RICHEY FL 34656	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	MICHAEL KINOT	
STREET ADDRESS	P.O. BOX 295	
CITY-ST-ZIP	NEW PORT RICHEY FL 34656	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	NICHOLAS TALDONE	
STREET ADDRESS	2536 COUNTRYSIDE BLVD	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nicholas Taldone

/Secretary

Daytime Phone #

CR2E037 (11/00)