

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005935

1. Entity Name

THE SEVEN SPRINGS ROTARY, INC.

Principal Place of Business

P O BOX 295
NEW PORT RICHEY FL

Mailing Address

P O BOX 295
NEW PORT RICHEY FL

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

NOT APPLICABLE

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

TALDONE, NICHOLAS J
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 DP
NAME MENOLI, ROBERT ☒ Delete
STREET ADDRESS P.O. BOX 295
CITY-ST-ZIP NEW PORT RICHEY FL 34656

TITLE DP ☐ Change ☒ Addition
NAME Mark Taylor
STREET ADDRESS P.O. Box 295
CITY-ST-ZIP New Port Richey FL 34656

TITLE DVP
NAME BUTLER, WILLIAM ☒ Delete
STREET ADDRESS P.O. BOX 295
CITY-ST-ZIP NEW PORT RICHEY FL 34656

TITLE DVP ☐ Change ☒ Addition
NAME Don Davis
STREET ADDRESS P.O. Box 295
CITY-ST-ZIP New Port Richey FL 34656

TITLE DT
NAME KINOT, MICHAEL ☒ Delete
STREET ADDRESS P.O. BOX 295
CITY-ST-ZIP NEW PORT RICHEY FL 34656

TITLE DS ☐ Change ☒ Addition
NAME Robin Kocher
STREET ADDRESS P.O. Box 295
CITY-ST-ZIP New Port Richey FL 34656

TITLE DS
NAME TALDONE, NICHOLAS ☐ Delete
STREET ADDRESS 2536 COUNTRYSIDE BLVD.
CITY-ST-ZIP CLEARWATER FL 33763

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Change ☒ Addition
NAME Emile Laurino
STREET ADDRESS P.O. Box 295
CITY-ST-ZIP New Port Richey FL 34656

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Emile LAURINO JAN 20, 2002 942-5464

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90074 046 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)