

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000006013

1. Entity Name

THE ROTARY CLUB OF MURDOCK FOUNDATION, INC.

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90122 029 ****61.25

Principal Place of Business

Mailing Address

3399 CABARET STREET
PORT CHARLOTTE FL 33948

3399 CABARET STREET
PORT CHARLOTTE FL 33948

2. Principal Place of Business

3. Mailing Address

P.O. Box 380982

P.O. Box 380982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MURDOCK FL

City & State

MURDOCK FL

Zip

Country

Zip

Country

33938-0982

33938-0982

4. FEI Number

65-1131653

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMCH, RICHARD
3399 CABARET STREET
PORT CHARLOTTE FL 33948

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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 NAME	D WINSOR, DAVID	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	795 NW CRESTVIEW CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE NAME	D STEVENS, CAROL	<input type="checkbox"/> Delete
STREET ADDRESS	1777 TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE NAME	D AGNA, MARSHALL	<input type="checkbox"/> Delete
STREET ADDRESS	21216 ALDERSON AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE NAME	D WILLIS, JUDI	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	18300 TOLEDO BLADE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33953	
TITLE NAME	D WILLIAMS, KEITH	<input type="checkbox"/> Delete
STREET ADDRESS	4056 TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE NAME	D MULLEU, GEORGE	<input type="checkbox"/> Delete
STREET ADDRESS	4467 MARALDO AVE.	
CITY-ST-ZIP	NORTH PORT FL 34287	

TITLE NAME	D EMCH, RICHARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3399 CABARET STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE NAME	T STRAUK, ANDREW J.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	414 CAICOS DR.	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE NAME	D MONTAGNA, MARSHALL	<input checked="" 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		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	MULLEN, GEORGE	<input checked="" 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:

Andrew J. Strauk REQUIRED STRAUK

4/15/02

(941) 637-8209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)