

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90175 050 ***61.25

DOCUMENT # N05659

1. Entity Name

ROTARY CLUB OF HOMOSASSA SPRINGS FOUNDATION, INC

Principal Place of Business

Mailing Address

POST OFFICE BOX 2029
HOMOSASSA SPRINGS FL 34447
USPOST OFFICE BOX 2029
HOMOSASSA SPRINGS FL 34447-2029
US

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

59-3083237

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

Name

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

City

FL

Zip Code

ABEL, ERIC D.
2450 N. CITRUS HILLS BLVD
HERNANDO FL 32642

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 \$61.259. 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	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	SAMSTAG, EARL C.	6276 GROVER CLEVELAND BLVD	HOMOSASSA SPRINGS FL				
VPD	SANDERS, JAMES T	137 DOUGLAS ST	HOMOSASSA FL	TD	Budnick, Darwin	5410 S Marsha Ter	Homosassa FL
VPD	CURRIER, ELWOOD L	9781 W HALLS RIVER RD	HOMOSASSA FL	VPD	Schabbruch, Gerald	P0 Box 1533	Crystal River, FL
SD	SPINOSA, FRANK A	4253 WINDING OAKS DR	HOMOSSA FL				
DT	HALL, HAROLD C	105 DOUGLAS ST	HOMOSASSA FL	VPD			

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: Earl C. Samstag 4/27/00 (352) 428/5025