

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90824 031 ****61.25

DOCUMENT # N05659

1. Entity Name

ROTARY CLUB OF HOMOSASSA SPRINGS FOUNDATION, INC

Principal Place of Business

POST OFFICE BOX 2029
HOMOSASSA SPRINGS FL 34447
US

Mailing Address

POST OFFICE BOX 2029
HOMOSASSA SPRINGS FL 34447
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

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

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 PD ☒ Delete
NAME SAMSTAG, EARL C.
STREET ADDRESS 6276 GROVER CLEVELAND BLVD
CITY-ST-ZIP HOMOSASSA SPRINGS FL

TITLE PD ☒ Change ☐ Addition
NAME GREGG MACKLER
STREET ADDRESS 3344 S. COLEMAN AVE
CITY-ST-ZIP HOMOSASSA, FL 34448

TITLE TD ☒ Delete
NAME BUDNICK, DARWIN
STREET ADDRESS 3410 S MARSHA TERRACE
CITY-ST-ZIP HOMOSASSA FL

TITLE TD ☒ Change ☐ Addition
NAME WILLIAM DEACON
STREET ADDRESS 7 BLAIR CT.
CITY-ST-ZIP HOMOSASSA, FL 34446

TITLE VPD ☒ Delete
NAME SCHABRUCH, GERALD
STREET ADDRESS PO BOX 1533
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE VPD ☒ Change ☐ Addition
NAME FRANK SPINOSA
STREET ADDRESS 4253 WINDING OAKS DR.
CITY-ST-ZIP HOMOSASSA, FL 34446

TITLE SD ☒ Delete
NAME SPINOSA, FRANK A
STREET ADDRESS 4253 WINDING OAKS DR
CITY-ST-ZIP HOMOSASSA FL

TITLE VPD ☒ Change ☐ Addition
NAME HAROLD HALL
STREET ADDRESS 105 DOUGLAS ST.
CITY-ST-ZIP HOMOSASSA, FL 34446

TITLE VPD ☐ Delete
NAME HALL, HAROLD C
STREET ADDRESS 105 DOUGLAS ST
CITY-ST-ZIP HOMOSASSA FL

TITLE SD ☒ Change ☐ Addition
NAME ROBERT GARVEN
STREET ADDRESS 14 DEER DR
CITY-ST-ZIP HOMOSASSA, FL 34446

TITLE ☐ Delete
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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM DEACON 4-601-352-3820275

Date

Daytime Phone #

CR2E037 (10/00)