

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05659

1. Entity Name

ROTARY CLUB OF HOMOSASSA SPRINGS FOUNDATION, INC

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90175 016 ****61.25

0015555

Principal Place of Business

Mailing Address

POST OFFICE BOX 2029
HOMOSASSA SPRINGS FL 34447
US

POST OFFICE BOX 2029
HOMOSASSA SPRINGS FL 34447
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3083237**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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
STREET ADDRESS
CITY-ST-ZIP

PD
MACKLER, GREGG
2344 S COLEMAN AVE
HOMOSASSA FL 34448

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P.D.
GERAY SCHAUBRUCH
5182 N ANDRI DR.
CRYSTAL RIVER, FL 34428

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
DEACON, WILLIAM
7 BLAIR CT
HOMOSASSA FL 34446

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
MARY BETH MAYFIELD
161 S.W. 3RD ST
CRYSTAL RIVER, FL 34429

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
SPINOSA, FRANK
4253 WINDING OAKS DR
HOMOSASSA FL 34446

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
HALL, HAROLD
105 DOUGLAS ST
HOMOSASSA FL 34446

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
GARVEN, ROBERT
19 DEER DR
HOMOSASSA FL 34446

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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] GERAY SCHAUBRUCH 7/30/02 352-795-2441

CR2E037 (4/02)