

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/17/

FILED

Feb 15, 2001 8:00 am  
Secretary of State

01-17-2001 90085 021 \*\*\*\*61.25

DOCUMENT # N05679

1. Entity Name

ROTARY CLUB OF CLERWATER/FEATHER SOUND, FLORIDA, ✓

Principal Place of Business

Mailing Address

P.O. BOX 17224  
CLEARWATER FL 34622

P.O. BOX 17224  
CLEARWATER FL 34622

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

59-4348760

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

LARSON, HERBERT W.  
11199-69TH 58-N  
LARGO FL 34043

Name

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

City

FL

Zip Code

33773

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BISHOP, DOUGLAS	
STREET ADDRESS	2647 ULMERTON ROAD	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WISE, SUZANNE	
STREET ADDRESS	2960 ROOSEVELT BLVD.	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMPSON, HERBERT	
STREET ADDRESS	2490 HERON TERRACE, F 103	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	PREB-ELECT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		GAIL KASSON	
STREET ADDRESS		ACCESS MAIL, 14240-62nd ST. N	
CITY-ST-ZIP		CLEARWATER, FL 33760	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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

1/9/01

Date

727-546-0660

Daytime Phone #

CR2E037 (10/00)