

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05685

1. Entity Name

ROTARY CLUB OF ORLANDO EAST, INC.

Principal Place of Business

5100 OLD HOWELL BRANCH ROAD
WINTER PARK FL 32792
US

Mailing Address

P.O. BOX 583
GOLDENROD FL 32733
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

26-3962801

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

RUSSO, JAMES
7200-G ALOMA AVE
WINTER PARK FL 32792

SIGNATURE

Dorothea M. Fox

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

(NOTE: Registered Agent signature required when reinstating)

1-8-01

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 SD
NAME BOYD, ROBERT
STREET ADDRESS 7431 ALOMA AVE
CITY-ST-ZIP WINTER PARK FL 32792

TITLE TD
NAME FOX, DORETHEA
STREET ADDRESS 5100 OLD HOWELL BRANCH RD
CITY-ST-ZIP WINTER PARK FL 32792

TITLE PD
NAME RUSSO, JAMES
STREET ADDRESS 7200-A ALOMA AVE
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ~~PD~~
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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: *Dorothea M. Fox* /-8-01 407-671-4448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0022974

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90031 050 ****61.25

605780



DO NOT WRITE IN THIS SPACE

4. FEI Number		26-3962801	Applied For Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RUSSO, JAMES 7200-G ALOMA AVE WINTER PARK FL 32792		Name <i>Dorothea M. Fox</i> Street Address (P.O. Box Number is Not Acceptable) <i>5100 Old Howell Branch Rd</i>	
		City <i>Winter Park</i> FL Zip Code <i>32792</i>	

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.

CR2E037 (10/00)