

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

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

0022374

**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

Zip

Country

Zip

Country

4. FEI Number

**26-3962801**

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

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

Name **Dorothea M. Fox**

Street Address (P.O. Box Number is Not Acceptable)  
**5100 Old Howell Branch Rd**

City **Winter Park**

**FL**

Zip Code  
**32792**

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	SD	<input checked="" type="checkbox"/> Delete
NAME	BOYD, ROBERT	
STREET ADDRESS	7431 ALOMA AVE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FOX, DORETHEA	
STREET ADDRESS	5100 OLD HOWELL BRANCH RD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RUSSO, JAMES	
STREET ADDRESS	7200-A ALOMA AVE	
CITY-ST-ZIP	WINTER PARK FL 32792	
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		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Ackley	
STREET ADDRESS	830 Finch Ct	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christian Bauer	
STREET ADDRESS	8661 Aspen Ave	
CITY-ST-ZIP	Orlando, FL 32817	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yvonne Opfell	
STREET ADDRESS	2735 Rouse Rd	
CITY-ST-ZIP	Orlando, FL 32817	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Randolph Rawiszer	
STREET ADDRESS	128 Pinewood Dr	
CITY-ST-ZIP	DeBary, FL 32713	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alice Kaye	
STREET ADDRESS	6649 Amory Ct, #1	
CITY-ST-ZIP	Winter Park, FL 32792	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Dorothea M. Fox 1-8-01 407-671-4448**

CR2E037 (10/00)

005780



DO NOT WRITE IN THIS SPACE