

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05685

1. Entity Name

ROTARY CLUB OF ORLANDO EAST, INC.

FILED

Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90102 001 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

5100 OLD HOWELL BRANCH ROAD
WINTER PARK FL 32792
US

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

FOX, DOROTHEA M
5100 OLD HOWELL BRANCH RD
WINTER PARK FL 32792

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 D ☒ Delete
NAME ACKLEY, JOHN
STREET ADDRESS 830 FINCH CT
CITY-ST-ZIP LONGWOOD FL 32750

TITLE D, Y ☐ Change ☒ Addition
NAME SARAH Hamby
STREET ADDRESS 1522 Miami Rd
CITY-ST-ZIP Orlando, FL 32825

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BAUER, CHRISTIAN
STREET ADDRESS 8661 ASPEN AVE
CITY-ST-ZIP ORLANDO FL 32817

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME OPFELL, YVONNE
STREET ADDRESS 2735 ROUSE RD
CITY-ST-ZIP ORLANDO FL 32817

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME RAWISZER, RANDOLPH
STREET ADDRESS 128 PINWOOD DR
CITY-ST-ZIP DEBARY FL 32713

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KAYE, ALICE
STREET ADDRESS 6649 AMORY #1
CITY-ST-ZIP WINTER PARK FL 32792

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: *Alice Kaye*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-02

CR2E037 (9/01)