

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State


03-13-2002 90021 011 ****61.25

DOCUMENT # N07336
 1. Entity Name
ROTARY CLUB OF LEESBURG, FLORIDA, INC.

Principal Place of Business 907 WEBSTER STREET P.O. BOX 2722 LEESBURG FL 34748-5026	Mailing Address 907 WEBSTER STREET P.O. BOX 2722 LEESBURG FL 34748-5026
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2514102	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SAYLOR, BRUCE A.
907 WEBSTER STREET
LEESBURG FL 32748**

7. Name and Address of New Registered Agent

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D LONG, RON 01916 SPRING LAKE ROAD FRUITLAND PARK FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOODY, ROBERT H 05640 TWIN PALMS ROAD FRUITLAND PARK FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAMILTON, BRUCE 33741 S HAINES CREEK ROAD LEESBURG FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D'ANNECY, MICHEL 04991 PICCIOLA ROAD FRUITLAND PARK FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRYAN, GLEN 1105 N PALMETTO ST LEESBURG FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BINNEVLAD, GEOFFREY 1510 PARK HOLLAND ROAD LEESBURG FL 34748

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Matthews, Phyllis 604 Perkins Street Leesburg, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: *Binnell* **02-27-02 352-987-4101**

CR2E037 (9/01)