

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07336

1. Entity Name

ROTARY CLUB OF LEESBURG, FLORIDA, INC.

Principal Place of Business

Mailing Address

907 WEBSTER STREET  
P.O. BOX 2722  
LEESBURG FL 34748-5026

907 WEBSTER STREET  
P.O. BOX 2722  
LEESBURG FL 34748-5026

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

59-2514102

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

SAYLOR, BRUCE A.  
907 WEBSTER STREET  
LEESBURG FL 32748

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 LONG, RON  
STREET ADDRESS 01916 SPRING LAKE ROAD  
CITY-ST-ZIP FRUITLAND PARK FL 34731

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

TITLE D ☐ Delete  
NAME MOODY, ROBERT H  
STREET ADDRESS 05640 TWIN PALMS ROAD  
CITY-ST-ZIP FRUITLAND PARK FL

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

TITLE SD ☐ Delete  
NAME HAMILTON, BRUCE  
STREET ADDRESS 33741 S HAINES CREEK ROAD  
CITY-ST-ZIP LEESBURG FL 34788

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

TITLE P ☒ Delete  
NAME D'ANNECY, MICHEL  
STREET ADDRESS 04991 PICCIOLA ROAD  
CITY-ST-ZIP FRUITLAND PARK FL 34731

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

TITLE TD ☐ Delete  
NAME BRYAN, GLEN  
STREET ADDRESS 1105 N PALMETTO ST  
CITY-ST-ZIP LEESBURG FL

TITLE ☐ Change ☒ Addition  
NAME Vice President  
STREET ADDRESS Matthews, Phyllis  
CITY-ST-ZIP 604 Perkins Street  
Leesburg, FL 34748

TITLE VPD ☐ Delete  
NAME BINNEVLAD, GEOFFREY  
STREET ADDRESS 1510 PARK HOLLAND ROAD  
CITY-ST-ZIP LEESBURG FL 34748

TITLE ☒ Change ☐ Addition  
NAME President  
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:

*B. Binnevlad*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-27-02 352-787-4101

Date Daytime Phone #

CR2E037 (9/01)