

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90114 021 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

**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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **LONG, RON**
STREET ADDRESS **01916 SPRING LAKE ROAD**
CITY-ST-ZIP **FRUITLAND PARK FL 34731**

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

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

TITLE **V** ☐ Delete
NAME **MATTHEWS, PHYLLIS**
STREET ADDRESS **604 PERKINS STREET**
CITY-ST-ZIP **LEESBURG FL 34748**

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

TITLE **P** ☒ Delete
NAME **BINNEVLAD, GEOFFREY**
STREET ADDRESS **1510 PARK HOLLAND ROAD**
CITY-ST-ZIP **LEESBURG FL 34748**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE **Vice President** ☒ Change ☒ Addition
NAME **Deese, Bill**
STREET ADDRESS **1726 Overlook Drive**
CITY-ST-ZIP **Mount Dora, FL 32756**

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: *Phyllis Matthews* **Phyllis Matthews**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/03 352/326-4645

CR2E037 (10/02)