

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10028

1. Entity Name

ROTARY CLUB OF CASSELBERRY CHARITABLE FOUNDATION

Principal Place of Business

5250 SOUTH U. S. HIGHWAY 17-92
P O BOX 180895
CASSELBERRY FL 32718-7895

Mailing Address

5250 SOUTH U. S. HIGHWAY 17-92
P O BOX 180895
CASSELBERRY FL 32718-7895

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

59-2542609

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

OWEN, RICHARD B.
5250 SOUTH U.S. HIGHWAY 17-92
CASSELBERRY FL 32707

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 PORTH, ELI
STREET ADDRESS 710 FAIROAKS LANE
CITY-ST-ZIP MAITLAND FL 32751

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

TITLE D ☒ Delete
NAME BERKO, JAMES
STREET ADDRESS 1814 CROWLEY CIR.
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ Change ☒ Addition
NAME P/D GUGLIEMMELLO, LOUIS
STREET ADDRESS 1100 CRYSTAL BOWL CIRCLE
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE TD ☐ Delete
NAME FREEMAN, DAN
STREET ADDRESS 5200 S US HWY 17-92
CITY-ST-ZIP CASSELBERRY FL 32707

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

TITLE PD ☐ Delete
NAME BALL, MARGUERITE
STREET ADDRESS 2026 CHIPPEWA TRAIL
CITY-ST-ZIP MAITLAND FL 32751

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

TITLE D ☒ Delete
NAME MCELROY, TOM
STREET ADDRESS 3 LAMPLITE CT
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE D ☐ Change ☒ Addition
NAME CELONES, BEN
STREET ADDRESS 204 DOVERWOOD DRIVE
CITY-ST-ZIP FERN PARK, FL 32730

TITLE SD ☐ Delete
NAME CRESSWELL, JOHN
STREET ADDRESS 5840 RED BUG LK RD STE 420
CITY-ST-ZIP WINTER SPRINGS FL 32708

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:

LOUIS GUGLIEMMELLO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/01 (407) 695-2155

Date

Daytime Phone #

CR2E037 (10/00)