2002 UNIFORM BUSINESS REPORT (UBR)

Mar 11, 2002 8:00 am Secretary of State DOCUMENT # **N10028** 1. Entity Name ROTARY CLUB OF CASSELBERRY CHARITABLE FOUNDATION 03-11-2002 90050 023 ****61.25 , INC. Principal Place of Business Mailing Address IO 5250 SOUTH U. S. HIGHWAY 17-92 5250 SOUTH U. S. HIGHWAY 17-92 O BOX 160895 D (7) CASSELBERRY FL-02710-7095 CASSELBERRY FL 32718-7305 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State SSELBERRY 59-2542609 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent 5250 SOUTH U.S. HIGHWAY 17-92 Del CASSELBERRY FL 32707 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) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. A Delete TITLE Change TITLE iraldo , carlos Hi NAME PORTH, ELI NAME 169 SPRING CHASE CIR STREET ADDRESS STREET ADDRESS 710 FAIROAKS LANE TAMONTE SPRINGS, FL CITY-ST-ZIP CITY-ST-ZIP MATTLAND FL 32751 PD ☐ Delete TITLE TITLE GUGLIELMELLO, LOUIS NAME NAME STREET ADDRESS 1100 CRYSTAL BOWL CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Addition TD------☐ Delete TITI F TITLE. 548 DRANGE DR., 5-15 ALTAMONTE SPRINGS, FL 32701 FREEMAN, DAN NAME NAME STREET ADDRESS STREET ADDRESS 5200 S US HWY 17-92 CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 TITLE ☐ Delete TITLE BALL. MARGUERITE NAME NAME STREET ADDRESS STREET ADDRESS 2026 CHIPPEWA TRAIL CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 Change ☐ Addition ☐ Delete TITLE CELONES, BEN NAME NAME STREET ADDRESS STREET ADDRESS 204 DOVERWOOD DRIVE CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32730 ASEY, SHERRILL X Delete TITLE TITLE CRESSWELL, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 5840 RED BUG LK RD STE 420 CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL 32708 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 eath; 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

SIGNATURE:

changed, or on an attachment with an address

FILED