

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18337

1. Entity Name

ROTARY CLUB OF FROSTPROOF, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90022 006 ****61.25

| | |
|---|---|
| Principal Place of Business TWO E. WALL ST FROSTPROOF FL 33843 US | Mailing Address P O BOX 456 FROSTPROOF FL 33843-0456 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 59-6209588 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

McDonald William
~~MACDONALD, WILLIAM~~
**TWO EAST WALL ST
 FROSTPROOF FL 33843**

7. Name and Address of New Registered Agent

Name *(Spelling Correction)* **WILLIAM MC DONALD**
 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

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SMITH, BARBARA H | |
| STREET ADDRESS | 124 MAXCY KN | |
| CITY-ST-ZIP | FROSTPROOF FL 33843 | |
| TITLE | DVP | <input type="checkbox"/> Delete |
| NAME | DUVALL, DAVID | |
| STREET ADDRESS | TWO E. WALL ST | |
| CITY-ST-ZIP | FROSTPROOF FL 33843 | |
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | BUDD, ANN L | |
| STREET ADDRESS | 316 SUNSET RD. | |
| CITY-ST-ZIP | FROSTPROOF FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MCDONALD, WILLIAM | |
| STREET ADDRESS | TWO E. WALL ST | |
| CITY-ST-ZIP | FROSTPROOF FL 33843 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LANE (NOT KN) | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | 33843 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Barbara H Smith*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/00 **863-635-2092**
 Date Daytime Phone #

CR2E037 (9/99)