

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90097 008 ****61.25

0066577

DOCUMENT # N18337

1. Entity Name

ROTARY CLUB OF FROSTPROOF, INC.

Principal Place of Business

**TWO E. WALL ST
 FROSTPROOF FL 33843
 US**

Mailing Address

**P O BOX 456
 FROSTPROOF FL 33843
 US**

00022093



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6209588

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MCDONALD, WILLIAM
 TWO EAST WALL ST
 FROSTPROOF FL 33843**

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 **SMITH, BARBARA H**
 STREET ADDRESS **124 MAXCY LN**
 CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE **DP** ☐ Change ☒ Addition
 NAME **Nicholson, Damon**
 STREET ADDRESS **28th Street**
 CITY-ST-ZIP **Frostproof, FL 33843**

TITLE **DVP** ☒ Delete
 NAME **DUVALL, DAVID**
 STREET ADDRESS **TWO E. WALL ST**
 CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE **DS** ☐ Change ☒ Addition
 NAME **Hutto, Michelle**
 STREET ADDRESS **10 N. Scenic Hwy**
 CITY-ST-ZIP **Frostproof, FL 33843**

TITLE **DP** ☐ Delete
 NAME **BUDD, ANN L**
 STREET ADDRESS **316 SUNSET RD.**
 CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE **D not DP** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MCDONALD, WILLIAM**
 STREET ADDRESS **TWO E. WALL ST**
 CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE **DV not D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** ☐ Change ☒ Addition
 NAME **Reifeis, Bea**
 STREET ADDRESS **133 Maxcy Lane**
 CITY-ST-ZIP **Frostproof, FL 33843**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Trimmiel, David**
 STREET ADDRESS **318 W. "A" Street**
 CITY-ST-ZIP **Frostproof FL 33843**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Bea Reifeis*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-01 863-635-2523
 Date Daytime Phone #

CR2E037 (10/00)