

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90332 048 ****61.25

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**

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

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

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

Name

Bee Beiferis

Street Address (P.O. Box Number is Not Acceptable)

133 Maxcy Ln

City

Frostproof FL

FL

Zip Code
33843

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

Bee Beiferis, Secretary/Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/02

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

TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Damon Nicholson	
STREET ADDRESS	28 "C" Street	
CITY-ST-ZIP	Frostproof, FL 33843	
TITLE	DMP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Trimmier	
STREET ADDRESS	318 "A" Street West	
CITY-ST-ZIP	Frostproof FL 33843	
TITLE	D/TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bee Beiferis	
STREET ADDRESS	133 MAXCY LN	
CITY-ST-ZIP	Frostproof FL 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		
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:

Bee Beiferis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02

Date

863 635-2523

Daytime Phone #

CR2E037 (9/01)