

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-15-2001 90037 006 ****61.25

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DOCUMENT # N28357

1. Entity Name

ROTARY CLUB OF CRYSTAL RIVER-KINGS BAY, INC.

Principal Place of Business

P.O BOX 27
CRYSTAL RIVER FL 34423-0027
US

Mailing Address

P.O BOX 27
CRYSTAL RIVER FL 34423
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

59-2918952

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAWGER, ROBERT E
3813 N TIMOCUA PT
CRYSTAL RIVER FL 34428

7. Name and Address of New Registered Agent

Name KATHLEEN WARRINGTON

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

9357 W. Green Bay

CRYSTAL RIVER, FL 34428

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 Kathleen Warrington - Secretary

(NOTE: Registered Agent signature required when reinstating)

1/22/01

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
NAME REYNOLDS, JACK P.
STREET ADDRESS 461 NW 14TH PLACE
CITY-ST-ZIP CRYSTAL RIVER FL ☐ Delete

TITLE VD
NAME LEWANDOWSKI, RUSSELL
STREET ADDRESS 741 N COUNTRY CLUB DR
CITY-ST-ZIP CRYSTAL RIVER FL 34429 ☐ Delete

TITLE D
NAME KIDDER, JULIE
STREET ADDRESS 1304 SE 3RD AVE
CITY-ST-ZIP CRYSTAL RIVER FL ☒ Delete

TITLE S
NAME WENDEL, ALBERT G
STREET ADDRESS 6782 S. PINEBRANCH PT
CITY-ST-ZIP HOMOSASSA FL ☒ Delete

TITLE PD
NAME GRANGER, ROBERT
STREET ADDRESS 3813 N. TIMICUA PT.
CITY-ST-ZIP CRYSTAL RIVER FL ☒ Delete

TITLE D
NAME LOWE, MARK
STREET ADDRESS 705 S WEST BEND POINT
CITY-ST-ZIP LECANTO FL 34461 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MARK Lowe
STREET ADDRESS 705 S. West Bend Pt.
CITY-ST-ZIP Lecanto, FL 34461 ☒ Change ☒ Addition

TITLE SD
NAME Kathleen Warrington
STREET ADDRESS 9357 W Green Bay
CITY-ST-ZIP CRYSTAL RIVER, FL 34428 ☐ Change ☒ Addition

TITLE D
NAME SANDRA CASH
STREET ADDRESS 4189 S. GATE PT.
CITY-ST-ZIP HOMOSASSA, FL 34446 ☐ Change ☒ Addition

TITLE D
NAME Jim Egan
STREET ADDRESS 598 E Reehill
CITY-ST-ZIP Lecanto, FL 34461 ☐ Change ☒ Addition

TITLE D
NAME ROBERT Granger
STREET ADDRESS 3813 N. Timicua
CITY-ST-ZIP CRYSTAL RIVER, FL 34429 ☒ Change ☐ Addition

TITLE T
NAME Robert Mock
STREET ADDRESS 1226 NE 42nd Ave
CITY-ST-ZIP Ocala, FL 34470 ☐ Change ☒ Addition

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: Kathleen Warrington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01 352-795-9099
Date Daytime Phone #

CR2E037 (10/00)