

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28418

1. Entity Name

OLDSMAR, FLORIDA ROTARY CLUB, INC.

FILED

Jul 11, 2000 8:00 am
Secretary of State

07-11-2000 90171 023 ****61.25

Principal Place of Business

%CHARLES S. DAYHOFF III
P. O. BOX 1372
OLDSMAR FL 34677

Mailing Address

%CHARLES S. DAYHOFF III
P. O. BOX 1372
OLDSMAR FL 34677-1372

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2953855

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

DAYHOFF, CHARLES S. III
CORNERSTONE CENTRE
3830 TAMPA ROAD, SUITE 150
PALM HARBOR FL 34684

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 HALLE, R. EARL
STREET ADDRESS PO BOX 633
CITY-ST-ZIP OLDSMAR FL 34677

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME GOLDBERG, JOEL
STREET ADDRESS 36157 E LAKE RD
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE ☒ Change ☐ Addition
NAME LINDA SMITH NELSON
STREET ADDRESS 45 KATHERINE BLVD.
CITY-ST-ZIP PALM HARBOR, FL. 34684

TITLE D ☐ Delete
NAME MULVIHILL, JOHN
STREET ADDRESS 351 LAFAYETTE BLVD.
CITY-ST-ZIP OLDSMAR FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME BURNS, MARNE
STREET ADDRESS 100 STATE ST
CITY-ST-ZIP OLDSMAR FL

TITLE ☒ Change ☐ Addition
NAME SAM ALTAMURA
STREET ADDRESS 1771 SPLIT FORK DR.
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE D ☐ Delete
NAME SCHROEDER, DAVID
STREET ADDRESS 3176 WINDMOR DR
CITY-ST-ZIP OLDSMAR FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KING, ROBERT
STREET ADDRESS 3269 MONTROSE CR
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE ☐ Change ☐ 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:

DAVID A. Schroeder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00 727-786-7566
Date Daytime Phone #

CR2E037 (9/99)