

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90060 019 ****61.25

DOCUMENT # N28418

1. Entity Name

OLDSMAR, FLORIDA ROTARY CLUB, INC.

Principal Place of Business

Mailing Address

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

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

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

59-2953855

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

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 6316 Spoonbill Drive
CITY-ST-ZIP new Port Richey, FL 34652-2028

TITLE D ☐ Delete
NAME GILBERT, LAWRENCE D
STREET ADDRESS 3355 DUNEMOOR CT
CITY-ST-ZIP PALM HARBOR FL 34685

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 100 state street west
CITY-ST-ZIP oldsmar, FL 34677

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 100 state street west
CITY-ST-ZIP oldsmar, FL 34677

TITLE D ☒ Delete
NAME SMITH-NELSON, LINDA
STREET ADDRESS 45 KATHERINE BLVD
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE ☐ Change ☒ Addition
NAME Bernhardt, Terry
STREET ADDRESS 31177 US Hwy 19 N, # 508
CITY-ST-ZIP Palm Harbor, FL 34684

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

TITLE ☐ Change ☒ Addition
NAME ALTAMORA, SAM J.
STREET ADDRESS 1771 Split Fork Drive
CITY-ST-ZIP oldsmar, FL 34677

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Executive Secretary 2-1-02 813-749-1134

CR2E037 (9/01)