

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31811

1. Entity Name

ROTARY DISTRICT 694 FOUNDATION, INC.

FILED

Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90040 025 ****61.25

Principal Place of Business

Mailing Address

% JACK A PROCTOR
P.O. BOX 328
MADISON FL 32341
US

% JACK A PROCTOR
P.O. BOX 328
MADISON FL 32341-0328
US



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

59-2959080

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

CLARK, WILLIAM B.
105 S.E. LAKE STREET
MADISON FL 32340

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 GREGOR, ROBERT D
STREET ADDRESS P.O. BOX 1211
CITY-ST-ZIP LYNN HAVEN FL 32444

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

TITLE D ☐ Delete
NAME BARR, JOHN W.
STREET ADDRESS 1427 SPRUCE AVENUE
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE D ☐ Delete
NAME CLARK, WILLIAM B.
STREET ADDRESS 105 SOUTH EAST LAKE ST.
CITY-ST-ZIP MADISON FL

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

TITLE D ☐ Delete
NAME OLIVER, AL
STREET ADDRESS 10100 HILLVIEW RD, APT #1608
CITY-ST-ZIP PENSACOLA FL 32514

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

TITLE D ☐ Delete
NAME CRAWFORD, WILLIAM E
STREET ADDRESS RT 2, BOX 83
CITY-ST-ZIP PORT ST JOE, FL 32456

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

TITLE D ☐ Delete
NAME PROCTOR, JACK A
STREET ADDRESS 105 SOUTH SUMATRA
CITY-ST-ZIP MADISON FL

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:

JACK A. PROCTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-00 850-973-2281