

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90274 008 ****61.25

DOCUMENT # N31811

1. Entity Name

ROTARY DISTRICT 694 FOUNDATION, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

c/o Mark J. Jones

Suite, Apt. #, etc.

P. O. Box 1368

City & State

Tallahassee, FL

Zip

32302

Country

U. S.

3. Mailing Address

c/o Mark J. Jones

Suite, Apt. #, etc.

P. O. Box 1368

City & State

Tallahassee, FL

Zip

32302

Country

U. S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2959080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Jones, Mark J.

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

104 N. Magnolia Dr.

City

Tallahassee

FL

Zip Code

32301

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 *Mark J. Jones*, MARK J. JONES

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/01

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE DT ☐ Change ☒ Addition
NAME Jones, Mark J.
STREET ADDRESS 104 N. Magnolia Dr.
CITY-ST-ZIP Tallahassee, FL 32301

TITLE DP ☐ Change ☒ Addition
NAME Rockwood, Charles E.
STREET ADDRESS 4005 Bobbin Brook Circle
CITY-ST-ZIP Tallahassee, FL 32312

TITLE DV ☐ Change ☒ Addition
NAME Edwards, Wayne
STREET ADDRESS 1682-B Metropolitan Circle
CITY-ST-ZIP Tallahassee, FL 32308

TITLE D ☐ Change ☒ Addition
NAME Richardson, Perley
STREET ADDRESS P. O. Box 1814
CITY-ST-ZIP Lake City, FL 32056

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: *Mark J. Jones*, MARK J. JONES, TREASURER 3/1/01 (850) 224-4128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)