

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33592

1. Entity Name

ROTARY CLUB OF PALM HARBOR CHARITIES, INC.

Principal Place of Business

% ROBERT C. DICKINSON, III
P.O. BOX 515
PALM HARBOR FL 34682-7515

Mailing Address

% ROBERT C. DICKINSON, III
P.O. BOX 515
PALM HARBOR FL 34682-0515

2. Principal Place of Business

c/o James P. Nelson

3. Mailing Address

c/o James P. Nelson

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2965167

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

DICKINSON, ROBERT C III
33920 US 19 N, SUITE 269
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

T ☐ Delete
NAME NELSON, JAMES P
STREET ADDRESS 32845 US HWY 19 N
CITY-ST-ZIP PALM HARBOR FL 34684

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

DS ☐ Delete
NAME MARTIN, SUSAN L
STREET ADDRESS 28050 U.S. HWY 19 NORTH
CITY-ST-ZIP CLEARWATER FL 33761

DP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
NAME BRIGGS, DENNIS W
STREET ADDRESS 26760 US HWY 19 NORTH
CITY-ST-ZIP CLEARWATER FL 34621

DS ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

DP ☐ Delete
NAME RICHARDSON, DANIEL C
STREET ADDRESS 1073 CLIPPER WAY
CITY-ST-ZIP TARPON SPRINGS FL 34689

D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Change ☒ Addition
NAME Dbergfell, Andrew
STREET ADDRESS 713 Lyndhurst Street
CITY-ST-ZIP Dunedin, FL 34698

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

727-796-6677

Daytime Phone #

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90064 014 ****61.25



DO NOT WRITE IN THIS SPACE