

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90061 026 ****61.25

DOCUMENT # N40679

1. Entity Name

THE ROTARY CLUB OF COUNTRYSIDE, INC.

Principal Place of Business

Mailing Address

300 1ST AVENUE SOUTH, STE 500
ST PETERSBURG FL 33701
US

P O BOX 14006
CLEARWATER FL 33766-4006
US

2. Principal Place of Business

600 N. Westshore Blvd, Ste 502

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FL

Tampa

City & State

4. FEI Number

59-1748754

Applied For

Not Applicable

Zip

Country

33609

US

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

HENDERSON, SAMUEL J
300 1ST AVENUE SOUTH, STE 500
ST PETERSBURG FL 33701

Name

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

600 N. Westshore Boulevard

Suite 502

City

Tampa

FL

Zip Code

33609

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

SAMUEL J. HENDERSON

Samuel J. Henderson

2/22/00

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 ☐ Delete
NAME VAUGHN, JR EDWARD M
STREET ADDRESS 2825 VALENCIA LANE W
CITY-ST-ZIP PALM HARBOR FL 34684

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

TITLE ☐ Delete
NAME ~~MCCURTAIN, JAMES~~
STREET ADDRESS ~~2829 MEADOW HILL DRIVE NORTH~~
CITY-ST-ZIP ~~CLEARWATER FL 33701~~

TITLE ☐ Change ☒ Addition
NAME ~~Steven Febbraro~~
STREET ADDRESS ~~3012 Clubhouse Dr. W~~
CITY-ST-ZIP ~~Clearwater, FL 33761~~

TITLE ☐ Delete
NAME HENDERSON, SAMUEL J
STREET ADDRESS 810 ROLLING HILLS DR
CITY-ST-ZIP PALM HARBOR FL 34683

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

TITLE ☐ Delete
NAME ~~LINDSEY, RICHARD C~~
STREET ADDRESS ~~2974 COUNTRY WOODS LANE~~
CITY-ST-ZIP ~~PALM HARBOR FL 34683~~

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

TITLE ☐ Delete
NAME ~~GILBY, DAVID~~
STREET ADDRESS ~~2049 GLEN PARK ROAD~~
CITY-ST-ZIP ~~PALM HARBOR FL 34683~~

TITLE ☐ Change ☒ Addition
NAME ~~SD NANCY J. KINNEY~~
STREET ADDRESS ~~PO Box 524~~
CITY-ST-ZIP ~~OZONA FL 34660-0524~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Samuel J. Henderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00

Date

813.289.0700

Daytime Phone #