

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90004 011 ****61.25

DOCUMENT # N40679

1. Entity Name

THE ROTARY CLUB OF COUNTRYSIDE, INC.

Principal Place of Business

Mailing Address

600 N WESTSHORE BLVD
 STE 502
 TAMPA FL 33609
 US

P O BOX 14006
 CLEARWATER FL 33766
 US

2. Principal Place of Business

3. Mailing Address

4301 ANCHOR PLAZA PARKWAY

Suite, Apt. #, etc.

SUITE 300

City & State

TAMPA, FL

Zip

33634

Country

Zip

Country

4. FEI Number

59-1748754

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

HENDERSON, SAMUEL J
 600 N WESTSHORE BLVD
 STE 502
 TAMPA FL 33609

Name

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

4301 ANCHOR PLAZA PARKWAY

SUITE 300

City

TAMPA

FL

Zip Code

33634

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]

SAMUEL J. HENDERSON

8/14/01

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
After September 12, 2001, min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	VD VAUGHN, JR EDWARD M 2825 VALENCIA LANE W PALM HARBOR FL 34684	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JEFFERIES, STEVEN 3012 CLUBHOUSE DR WEST CLEARWATER FL 33761	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENDERSON, SAMUEL J 810 ROLLING HILLS DR PALM HARBOR FL 34683	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KINNEY, NANCY J PO BOX 524 OZONA FL 34660-0524	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOB CAROLLO 2977 TALON DR. CLEARWATER FL 34621	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAT DELGADO 2710 PENANCE ST. PALM HARBOR FL 34684	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NANCY KINNEY P.O. BOX 524 OZONA, FL 34660-0524	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OWEN STEWART 1348 SINSMORE CT. NEW BERT RICHEY FL 34655	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

8/15/01

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