

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90061 004 \*\*\*\*61.25

**DOCUMENT # N47590**

1. Entity Name

**BRANDON '86 ROTARY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

1604 HERITAGE DR  
 VALRICE FL 33594  
 US

1604 HERITAGE DR  
 VALRICE FL 33594  
 US

904547



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

65-0326962

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

PADGETT, STANLEY T  
 501 E KENNEDY BLVD  
 STE 1207  
 TAMPA FL 33602

Name *John E Sullivan*  
 Street Address (P.O. Box Number is Not Acceptable)

*1206 Millennium Parkway Suite 2000*

City *Brandon, FL* Zip Code *33511*

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.

*John E Sullivan*

(NOTE: Registered Agent signature required when reinstating)

*01-15-01*

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 NAME	TD O'NEILL, BOB	<input type="checkbox"/> Delete
STREET ADDRESS	1604 HERITAGE DR	
CITY-ST-ZIP	VALRICO FL	
TITLE NAME	PD KIZER, RANDY	<input type="checkbox"/> Delete
STREET ADDRESS	2312 LONG GREEN COURT	
CITY-ST-ZIP	VALRICO FL	
TITLE NAME	SD PADGETT, STANLEY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	501 E KENNEDY BLVD STE 1207	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE NAME	VD MILTNER, JEFF	<input type="checkbox"/> Delete
STREET ADDRESS	1102 LAKEMOUNT DR	
CITY-ST-ZIP	VALRICO FL	
TITLE NAME	D BURLEY, MITCH	<input type="checkbox"/> Delete
STREET ADDRESS	1108 DEER RUN PLACE	
CITY-ST-ZIP	VALRICO FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	S/D SULLIVAN, John Suite 2000	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1206 MILLENNIUM PARKWAY	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Robert O'Neill*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*01-15-01*  
 Date

*(813) 681-3397*  
 Daytime Phone #

CR2E037 (10/00)