

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003022

1. Entity Name

ORMOND BEACH WEST ROTARY FOUNDATION, INC.

Principal Place of Business
521 SOUTH YONGE STREET
ORMOND BEACH FL 32174

Mailing Address
C/O RICHARD A. BURT
150 S. PALMETTO AVE., BOX A
DAYTONA BCH. FL 32114
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3203961

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURT, RICHARD A
150 SOUTH PALMETTO AVENUE
BOX A
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIS, JUDY	
STREET ADDRESS	6 SUNWOOD TR.	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PASQUINE, NICK	
STREET ADDRESS	9 LAKE VISTA WAY	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JESSUP, DWIGHT C	
STREET ADDRESS	489 S. YONGE ST.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES ZAHNER	
STREET ADDRESS	310 RIO PINAR TRAIL	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS STOWE	
STREET ADDRESS	250 ELIOTT DR.	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	G.G. GALLOWAY	
STREET ADDRESS	121 SAWTOOTH LN. 1305 OAK FOREST DR.	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01

904-677-9110

Date

Daytime Phone #

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90006 022 ****61.25

C0006529



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)