

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003587

1. Entity Name

ORMOND BEACH WEST ROTARY CLUB, INC.

**FILED**  
**Jan 13, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90039 016 \*\*\*\*61.25

Principal Place of Business

521 YONGE STREET  
ORMOND BEACH FL 32174

Mailing Address

C/O RICHARD A BURT  
150 SO PALMETTO AVE BOX A  
DAYTONA BCH FL 32114-4385  
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 **59-2861739**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BURT, RICHARD A  
150 SOUTH PALMETTO AVENUE  
DAYTONA BEACH FL

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. NAME, TITLE, ADDRESS, OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **PD DAVIS, JODY**  
STREET ADDRESS **6 SUNWOOD TR.**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Delete  
NAME **SD PASQUINE, NICK**  
STREET ADDRESS **9 LAKE VISTA WAY**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Delete  
NAME **TD JESSUP, CHRIS**  
STREET ADDRESS **489 S. YONGE ST**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-00 673-1953

CR2E037 (9/99)