

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003587

1. Entity Name

ORMOND BEACH WEST ROTARY CLUB, INC.

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
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURT, RICHARD A
150 SOUTH PALMETTO AVENUE
DAYTONA BEACH FL

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE PD
NAME JAMES ZAHNEN ☒ Change ☐ Addition
STREET ADDRESS 310 RIO PINAR TRAIL
CITY-ST-ZIP ORMOND BEACH, FL 32174

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

TITLE SD
NAME DENNIS STOWE ☒ Change ☐ Addition
STREET ADDRESS 250 ELICOTT DR.
CITY-ST-ZIP ORMOND BEACH, FL 32174

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

TITLE TD
NAME G.G. GALLOWAY ☒ Change ☐ Addition
STREET ADDRESS ~~1st SAWTOOTH LN.~~ 1305 OAK FOREST DR.
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01 James L. Zahn 904-677-9110

Date

Daytime Phone #

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

01-20-2001 90006 019 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)