

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90033 009 ****61.25

DOCUMENT # N93000003587

1. Entity Name

ORMOND BEACH WEST ROTARY CLUB, INC.

Principal Place of Business

Mailing Address

521 YONGE STREET
ORMOND BEACH FL 32174

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

4. FEI Number

59-2861739

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

BURT, RICHARD A
150 SOUTH PALMETTO AVENUE
DAYTONA BEACH FL

Name

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

149 So. RIDGEWOOD AVENUE, Suite 510

City

DAYTONA BEACH

FL

Zip Code
32114

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

Richard A Burt

3/14/02

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 ☒ Delete
NAME ZAHNEN, JAMES
STREET ADDRESS 310 RIO PINAR TRAIL
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE PD ☒ Change ☐ Addition
NAME CHRIS JESSUP
STREET ADDRESS 4895. Yonge St.
CITY-ST-ZIP Ormond Beach, FL 32174

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

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

TITLE TD ☒ Delete
NAME GALLOWAY, G G
STREET ADDRESS 1305 OAK FOREST DR
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE VP/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME BIFF ELLIS
STREET ADDRESS 319 N. RIDGEWOOD AVE.
CITY-ST-ZIP DAYTONA BEACH, FL 32115

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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:

Chris Jessup
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-02 386-673-1953

Date

Daytime Phone #

CR2E037 (9/01)