

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003110

1. Entity Name

TALLAHASSEE NORTHSIDE ROTARY CLUB, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90157 005 ****61.25

Principal Place of Business

Mailing Address

% THE WHARF
1480 TIMBERLANE ROAD
TALLAHASSEE FL 32312
US

PO BOX 4068
TALLAHASSEE FL 32315-4068

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

23-7210900

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

BREWSTER, JAMES R
547 N MONROE ST
SUITE 203 THE WALKER BUILDING
TALLAHASSEE FL 32301

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 ☒ Delete
NAME BREWSTER, JAMES R
STREET ADDRESS 547 N MONROE ST STE 203
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☒ Change ☐ Addition
NAME Leinback, Bruce, President
STREET ADDRESS 1669 Mahan Center Blvd.
CITY-ST-ZIP Tallahassee, FL 32308

TITLE TD ☐ Delete
NAME SHERRON, GENE
STREET ADDRESS 6131 HEARTLAND CIRCLE
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☒ Change ☐ Addition
NAME VP/Dir. Sherron, GENE
STREET ADDRESS 6131 Heartland Circle
CITY-ST-ZIP Tallahassee, FL 32312

TITLE VD ☐ Delete
NAME LEINBACK, BRUCE
STREET ADDRESS 1669 MAHAN CENTER BLVD
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☒ Change ☐ Addition
NAME David Metcalf T/D
STREET ADDRESS 1677 Mahan Center Blvd
CITY-ST-ZIP Tallahassee, FL 32308

TITLE SD ☐ Delete
NAME METCALF, DAVID
STREET ADDRESS 2066 THOMASVILLE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Change ☒ Addition
NAME Soc/Dir Lisa Spooner
STREET ADDRESS 2164 Heartland Circle
CITY-ST-ZIP Tallahassee, FL 32312

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:

David J. Metcalf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/00 850/386-8000

CR2E037 (9/99)