

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90023 040 \*\*\*\*61.25

**DOCUMENT # N95000003110**

1. Entity Name

**TALLAHASSEE NORTHSIDE ROTARY CLUB, INC.**

Principal Place of Business

Mailing Address

**% THE WHARF  
 1480 TIMBERLANE ROAD  
 TALLAHASSEE FL 32312  
 US**

**PO BOX 4068  
 TALLAHASSEE FL 32315**

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

**SINGLETON, SHERYL R  
 1475 BETHEL CHURCH ROAD  
 TALLAHASSEE FL 32304**

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 **SINGLETON, SHERYL A**  
 STREET ADDRESS **1475 BETHEL CHURCH ROAD**  
 CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE **SD** ☐ Change ☒ Addition  
 NAME **EIY MARGOLIN**  
 STREET ADDRESS **7765 CRICKLEWOOD DR**  
 CITY-ST-ZIP **Tallahassee FL 32312**

TITLE **VPD** ☐ Delete  
 NAME **DOVE, JOYCE**  
 STREET ADDRESS **6734 CHEVY WAY**  
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **TD** ☐ Change ☒ Addition  
 NAME **RICHARD NEWPORT**  
 STREET ADDRESS **3461 Hyde Park Way**  
 CITY-ST-ZIP **Tallahassee FL 32309**

TITLE **SD** ☒ Delete  
 NAME **MCBRIDE, JOHN**  
 STREET ADDRESS **203 W 4 AVENUE**  
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

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

TITLE **TD** ☒ Delete  
 NAME **MINTER, CHARLIE**  
 STREET ADDRESS **1733 RIVERBIRCH HOLLOW**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

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:

*Richard Newport*  
**RICHARD NEWPORT**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-19-02**

Date

**877-4184**  
 Daytime Phone #

CR2E037 (9/01)