

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90258 013 \*\*\*\*61.25

DOCUMENT # N95000003110

1. Entity Name  
**TALLAHASSEE NORTHSIDE ROTARY CLUB, INC.**



Principal Place of Business

~~5 THE WHARF~~  
1480 TIMBERLANE ROAD  
TALLAHASSEE, FL 32312 US

Mailing Address

~~PO BOX 40687~~  
TALLAHASSEE, FL 32315

*same as #2*

2. Principal Place of Business

*1400 Village Sq. Blvd*  
Suite, Apt. #, etc.  
*250*

3. Mailing Address

Suite, Apt. #, etc.

City & State  
*TALLAHASSEE FL*

City & State

Zip  
*32312* Country  
*LEON*

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

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

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME SINGLETARY, SHERYL A  
STREET ADDRESS 1475 BETHEL CHURCH ROAD  
CITY-ST-ZIP TALLAHASSEE, FL 32304

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

TITLE SD ☐ Delete  
NAME MARGOLIN, ELY  
STREET ADDRESS ~~1400 VILLAGE SQ. BLVD~~  
CITY-ST-ZIP ~~TALLAHASSEE FL 32312~~

TITLE TD ☒ Delete  
NAME NEWPORT, RICHARD  
STREET ADDRESS 3461 HYDE PARK WAY  
CITY-ST-ZIP TALLAHASSEE, FL 32309

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 *SD MARGOLIN ELY*  
STREET ADDRESS *1400 VILLAGE SQ. BLVD # 250*  
CITY-ST-ZIP *TALLAHASSEE FL 32312*

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

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]*

CR2E037 (10/02)