

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003144

1. Entity Name

ROTARY CLUB OF APOPKA DAYBREAK, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90007 009 ****61.25

Principal Place of Business

Mailing Address

36 N PARK AVE
APOPKA FL 32703

36 N PARK AVE
APOPKA FL 32703-4216

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

36-3986515

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

KELLEY, CHARLENE D
36 N PARK AVE
APOPKA FL 32703

Name PHILIP B. SPICER

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

2000 KILMER LN

APOPKA, FL 32703

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

Philip B. Spicer

Philip B. Spicer Board member 2/8/00

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 ☐ Delete
NAME **D BURTON, JOHN**
STREET ADDRESS **2444 E SEMORAN BLVD**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ Change ☒ Addition
NAME **D SPICER, PHILIP B**
STREET ADDRESS **2000 KILMER LN**
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE ☒ Delete
NAME **D BRICE, STEPHEN**
STREET ADDRESS **2217 HEATHEROAK DR.**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ Change ☒ Addition
NAME **D TIBBS, CLARENCE**
STREET ADDRESS **15720 ACOBA CIR.**
CITY-ST-ZIP **TAYLOR, FL 32778**

TITLE ☐ Delete
NAME **D BARTH, SEAN**
STREET ADDRESS **750 HADDENSTONE CIR UNIT 202**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☐ Change ☒ Addition
NAME **D HANLEY, ALLISON**
STREET ADDRESS **7601 CONROY-WINDEMERE RD.**
CITY-ST-ZIP **ORLANDO, FL 32908**

TITLE ☒ Delete
NAME **D JOHNSON, BOB**
STREET ADDRESS **1625 MAGNOLIA AVE.**
CITY-ST-ZIP **WINTER PARK FL 32789**

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

TITLE ☐ Delete
NAME **D BALDWIN, LEE**
STREET ADDRESS **1176 WOODLAND TERRACE TRAIL**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

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:

Philip B. Spicer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/00 *407 889-6298*

CR2E037 (9/99)