

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003144

1. Entity Name

ROTARY CLUB OF APOPKA DAYBREAK, INC.

FILED

Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90489 016 ****61.25

Principal Place of Business

Mailing Address

1951 S ORANGE BLOSSOM TRAIL
APOPKA FL 32703

PO BOX 601
APOPKA FL 32704

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPICER, PHILIP B
2000 KILMER LN
APOPKA FL 32703

Name SANDRA ARPAIA

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

1501 FIRST AVE.

City MOUNT DORA

FL

Zip Code 32757

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)

04/09/02

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 D ☒ Delete
NAME CLARK, TONY
STREET ADDRESS 601 S. HIGHLAND AVENUE
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Change ☒ Addition
NAME BURTON, JOHN
STREET ADDRESS P.O. Box 601
CITY-ST-ZIP APOPKA, FL 32704

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

TITLE ☐ Change ☒ Addition
NAME HUET, ERIC
STREET ADDRESS P.O. Box 601
CITY-ST-ZIP APOPKA, FL 32704

TITLE D ☒ Delete
NAME BARTH, SEAN
STREET ADDRESS 8151 VIA BONITA STREET
CITY-ST-ZIP SANFORD FL 32771

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

TITLE D ☐ Delete
NAME ROBINSON, JAY
STREET ADDRESS PO BOX 601
CITY-ST-ZIP APOPKA FL 32704

TITLE ☒ Change ☐ Addition
NAME ROBINSON, ANTHONY JAY
STREET ADDRESS 1563 WOODWIND DRIVE
CITY-ST-ZIP APOPKA, FL 32703

TITLE D ☐ Delete
NAME ARPAIA, SANDRA
STREET ADDRESS PO BOX 601
CITY-ST-ZIP APOPKA FL 32704

TITLE ☒ Change ☐ Addition
NAME ARPAIA, SANDRA
STREET ADDRESS 1501 FIRST AVE.
CITY-ST-ZIP MOUNT DORA, FL 32757

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/02

Date

352-326-4544

Daytime Phone #

CR2E037 (9/01)