

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003363

1. Entity Name

THE ROTARY CLUB OF ORLANDO, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90099 038 ****61.25

Principal Place of Business 32 W. GORE ST., SUITE 500 ORLANDO FL 32806	Mailing Address 32 W. GORE ST., SUITE 500 ORLANDO FL 32806-1114
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0581956	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLIS, BARBARA
 32 W. GORE ST., SUITE 500
 ORLANDO FL 32806

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.

SIGNATURE: *Barbara Hollis* - Barbara Hollis DATE: 1-10-2000
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> Delete
NAME	FEGBANK, LARRY	
STREET ADDRESS	2807 EDGEWATER DR	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SANDQUIST, DIANE	
STREET ADDRESS	75 S IVANHOE	
CITY-ST-ZIP	ORLANDO FL 32802	
TITLE	TS	<input type="checkbox"/> Delete
NAME	SCOTT, KEN	
STREET ADDRESS	1936 LEE RD, 3270	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME	FORD, ROBERT C	
STREET ADDRESS	1560 EAGLES NEST CIR	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ISON, PAMELA	
STREET ADDRESS	2861 SO. DELANEY AVENUE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME	DEAN, MARY ANN	
STREET ADDRESS	30 S MAGNOLIA #250	
CITY-ST-ZIP	ORLANDO FL 32801	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Dieter	
STREET ADDRESS	Ivey, Harris & Walls, 631 So. Delaney Ave.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Schafer	
STREET ADDRESS	200-B. ROBINSON #700	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	P.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT C. FORD	
STREET ADDRESS	1560 Eagles Nest Cr.	
CITY-ST-ZIP	WINTER SPRINGS, FL 32701	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas Doudney	
STREET ADDRESS	1443 - Buckwood Dr.	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY ANN DEAN	
STREET ADDRESS	812 - E. Rollins St.	
CITY-ST-ZIP	Orlando, FL 32803	

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: *Mary Ann Dean* MARY ANN DEAN, Pres. 1-10-00 407-893-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #