

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90225 032 ****61.25

DOCUMENT # N97000003363

1. Entity Name

THE ROTARY CLUB OF ORLANDO, INC.

Principal Place of Business

Mailing Address

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

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

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

59-0581956

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

SCHAFFER, MICHAEL
800 SO. ORLANDO AVENUE #100
MAITLAND FL 32751

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PP	DOUDNEY, DOUGLAS	1443 BUCKWOOD DRIVE	ORLANDO FL 32806	<input type="checkbox"/>
SD	SANDQUIST, DIANE	1390 AUGUSTA NATIONAL BLVD	WINTER SPRINGS FL 32708	<input checked="" type="checkbox"/>
T	SCHAFFER, MICHAEL	800 SO. ORLANDO AVENUE #100	MAITLAND FL 32751	<input type="checkbox"/>
PP	DIETER, STEPHEN	6631 HIDDENBEACH CR.	ORLANDO FL 32819	<input checked="" type="checkbox"/>
D	BENNETT, LEE	201 EAST PINE STREET #1200	ORLANDO FL 32801	<input checked="" type="checkbox"/>
P	SEAY, RALEIGH F.	717 NO. MAGNOLIA AVENUE	ORLANDO FL 32802	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
SECRETARY	Ellen O. Lovelace	89 INTERLAKEN RD.	ORLANDO, FL. 32804	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	JOHN C. GARCEAU	2332 AMBER OAK DR.	ORLANDO, FL. 32817	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PP	Darrell Shea	218 OAK ST.	ORLANDO, FL. 32804	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ram Ison 407-513-7404

Date

Daytime Phone #

CR2E037 (9/01)