

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90452 023 \*\*\*\*61.25

**DOCUMENT # 718061**

1. Entity Name

**ROTARY CLUB OF BOYNTON BEACH/LANTANA, INC.**

Principal Place of Business

2802 SW 6 ST  
 BOYNTON BEACH FL 33435  
 US

Mailing Address

PO BOX 357  
 BOYNTON BEACH FL 33435  
 US

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

**59-6155189**

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

**KALEEL, KENNETH M ESQ.  
 KALEEL & ASSOCIATES  
 555 N. CONGRESS AVE., SUITE 301  
 BOYNTON BEACH FL 33426**

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
P	KALEEL, KENNETH M	86 ISLAND DR	OCEAN RIDGE FL	<input type="checkbox"/>
T	CAPPELLA, ARTHUR J	1100 S FEDERAL HWY	BOYNTON BCH FL	<input type="checkbox"/>
D	RATCLIFF, DAVID	9135 INDIAN RIVER RUN	BOYNTON BEACH FL	<input checked="" type="checkbox"/>
D	SHOWALTER, DAVID R	3705 DIANE DR	BOYNTON BEACH FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	JOSEPH CONDON	9816 S. MILITARY TRAIL C2-4	BOYNTON BEACH FL 33436	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	CLARLEY, CALVIN	15542 CYPRESS PARK Drive	Wellington FL 33414-6352	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	MORIARTY, MARY	1212 SW 22 AVE	BOYNTON BEACH FL 33426	<input type="checkbox"/>	<input checked="" 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 OF KENNETH M. KALEEL*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)