

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2001 8:00 am**  
**Secretary of State**

01-17-2001 90014 004 \*\*\*\*61.25

DOCUMENT # N00000005436

1. Entity Name

ROTARY CLUB OF KEY WEST, FLORIDA, INC.

Principal Place of Business

Mailing Address

815 PEACOCK PLAZA  
 KEY WEST FL 33040

PO BOX 469  
 KEY WEST FL 33041

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

59-6182300

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

OROPEZA, SCOTT G  
 815 PEACOCK PLAZA  
 KEY WEST FL 33040

Name J. P. Smith

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

804 WHITE ST

City KEY WEST

FL

Zip Code 33040

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 J. P. Smith, TREAS.

1-8-01

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          | PD                 | <input type="checkbox"/> Delete |
| NAME           | SIMS, FRED         |                                 |
| STREET ADDRESS | 9 EMERALD DRIVE    |                                 |
| CITY-ST-ZIP    | KEY WEST FL 33040  |                                 |
| TITLE          | VD                 | <input type="checkbox"/> Delete |
| NAME           | PARKS, JOHN G      |                                 |
| STREET ADDRESS | 815 PEACOCK PLAZA  |                                 |
| CITY-ST-ZIP    | KEY WEST FL 33040  |                                 |
| TITLE          | TD                 | <input type="checkbox"/> Delete |
| NAME           | SMITH, PETER       |                                 |
| STREET ADDRESS | 804 WHITE STREET   |                                 |
| CITY-ST-ZIP    | KEY WEST FL 33040  |                                 |
| TITLE          | D                  | <input type="checkbox"/> Delete |
| NAME           | JONES, JOHN        |                                 |
| STREET ADDRESS | 500 ANGELA ST      |                                 |
| CITY-ST-ZIP    | KEY WEST FL 33040  |                                 |
| TITLE          | D                  | <input type="checkbox"/> Delete |
| NAME           | TOPPINO, EDWARD SR |                                 |
| STREET ADDRESS | 3424 RIVIERA DRIVE |                                 |
| CITY-ST-ZIP    | KEY WEST FL 33040  |                                 |
| TITLE          | D                  | <input type="checkbox"/> Delete |
| NAME           | THOMPSON, LARRY    |                                 |
| STREET ADDRESS | 5 ALAMANDA TERRACE |                                 |
| CITY-ST-ZIP    | KEY WEST FL 33040  |                                 |

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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: J. P. Smith, TREAS. 1-8-01 305.296.552.1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0034697

CR2E037 (10/00)

00003928



DO NOT WRITE IN THIS SPACE