

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90050 001 ****61.25

0077175

DOCUMENT # N00000005436

1. Entity Name
ROTARY CLUB OF KEY WEST, FLORIDA, INC.



Principal Place of Business
**815 PEACOCK PLAZA
KEY WEST FL 33040**

Mailing Address
**PO BOX 469
KEY WEST FL 33041**

2. Principal Place of Business
804 WHITE ST

3. Mailing Address
Suite, Apt. #, etc.

City & State
KEY WEST FL

City & State

Zip
33040 Country
US

Zip Country

4. FEI Number **59-6152300** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SMITH, J.P.
804 WHITE ST
KEY WEST FL 33040**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State


10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAREL THURNAR 3940 N. ROOSEVELT KEY WEST FL 33040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS W. LOTT 1621 BALABAN DR KEY WEST FL 33040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBERT BAWAN 506 FLAMING KEY WEST FL 33040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIANE GIBSON 3406 N. ROOSEVELT KEY WEST FL 33040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH ALONSO 309 WHITEHALL KEY WEST FL 33040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **1-16-03 305 296 5521**

CR2E037 (10/02)