

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90087 049 \*\*\*\*61.25

**DOCUMENT # N14810**

1. Entity Name

**SEBRING SUNRISE ROTARY CLUB, INC.**

Principal Place of Business

Mailing Address

C/O ROBERT L. HESSELINK  
 225 WASHINGTON ROAD  
 SEBRING FL 33870  
 US

C/O ROBERT L. HESSELINK  
 225 WASHINGTON ROAD  
 SEBRING FL 33870-1967  
 US

2. Principal Place of Business

3. Mailing Address

2543 US 27 South

2543 US 27 South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sebring, FL

City & State

Sebring, FL

4. FEI Number

59-2704818

Applied For

Not Applicable

Zip 33870

Country USA Highlands

Zip 33870

Country USA

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

HESSELINK, ROBERT L.  
 225 WASHINGTON ROAD  
 SEBRING FL 33870

Name Schommer, Nicholas

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

329 S. Commerce Avenue

City

Sebring, FL

FL

Zip Code

33870

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 *Nicholas D. Schommer* *Nicholas D. Schommer* 1/13/00

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	D	<input type="checkbox"/> Delete
NAME	SCHULER, SHARON	
STREET ADDRESS	140 E CIRCLE ST	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SCHOMMER, NICHOLAS	
STREET ADDRESS	329 S. COMMERCE AVENUE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MACBETH, J. ROSS	
STREET ADDRESS	2543 US 27 SOUTH	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, CHRISTINE	
STREET ADDRESS	9325 MCROY ROAD	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	DSAA	<input type="checkbox"/> Delete
NAME	CARTER, MIKE	
STREET ADDRESS	1703 NE LAKEVIEW DRIVE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HESSELINK, ROBERT L	
STREET ADDRESS	225 WASHINGTON RD	
CITY-ST-ZIP	SEBRING FL 33870	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input checked="" 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. Ross Macbeth* Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2000 (863) 385-7600

Date Daytime Phone #

CR2E037 (9/99)