

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14810

1. Entity Name

SEBRING SUNRISE ROTARY CLUB, INC.

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

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

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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 D  
NAME SCHULER, SHARON  
STREET ADDRESS 140 E CIRCLE ST  
CITY-ST-ZIP AVON PARK FL 33825

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVP  
NAME SCHOMMER, NICHOLAS  
STREET ADDRESS 329 S. COMMERCE AVENUE  
CITY-ST-ZIP SEBRING FL 33870

TITLE D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS  
NAME MACBETH, J. ROSS  
STREET ADDRESS 2543 US 27 SOUTH  
CITY-ST-ZIP SEBRING FL 33872

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME JONES, CHRISTINE  
STREET ADDRESS 9325 MCROY ROAD  
CITY-ST-ZIP SEBRING FL 33872

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DSAA  
NAME CARTER, MIKE  
STREET ADDRESS 1703 NE LAKEVIEW DRIVE  
CITY-ST-ZIP SEBRING FL 33870

TITLE PD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD  
NAME HESSELINK, ROBERT L  
STREET ADDRESS 225 WASHINGTON RD  
CITY-ST-ZIP SEBRING FL 33870

TITLE DVP  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)