

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90346 013 \*\*\*\*61.25

**DOCUMENT # N14810**

1. Entity Name

**SEBRING SUNRISE ROTARY CLUB, INC.**

Principal Place of Business

**C/O MACBETH, J. ROSS  
 2543 U.S. 27 SOUTH  
 SEBRING FL 33870  
 US**

Mailing Address

**C/O MACBETH, J. ROSS  
 2543 U.S. 27 SOUTH  
 SEBRING FL 33870  
 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

**59-2704818**

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

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

TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>James M. Henry</b>	
STREET ADDRESS	<b>3911 Duffer Road</b>	
CITY-ST-ZIP	<b>Sebring, FL 33872</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Eric Wade</b>	
STREET ADDRESS	<b>2928 Grouper Drive</b>	
CITY-ST-ZIP	<b>Sebring, FL 33872</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Cynthia Ross</b>	
STREET ADDRESS	<b>5435 Granada Blvd.</b>	
CITY-ST-ZIP	<b>Sebring, FL 33872</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Claude D. Boring</b>	
STREET ADDRESS	<b>3215 Waterwood Drive</b>	
CITY-ST-ZIP	<b>Sebring, FL 33872</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Kimberly A. Heintz</b>	
STREET ADDRESS	<b>612 Entrada Avenue</b>	
CITY-ST-ZIP	<b>Sebring, FL 33872</b>	
TITLE	<b>Director/Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Craig W. Crowder</b>	
STREET ADDRESS	<b>4027 Wilson Avenue</b>	
CITY-ST-ZIP	<b>Sebring, FL 33872</b>	

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:**

**RECEIVED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/27/01**

Date

**(863) 385-7600**

Daytime Phone #

CR2E037 (10/00)