

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

0101541

**DOCUMENT # N14810**

1. Entity Name

**SEBRING SUNRISE ROTARY CLUB, INC.**



05-05-2003 90275 048 \*\*\*\*61.25

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**

**50120103**



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

**SCHOMMER, NICHOLAS  
329 SOUTH COMMERCE AVENUE  
SEBRING FL 33870**

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 **TD** ☐ Delete  
NAME **CROWDER, CRAIG**  
STREET ADDRESS **4027 WILSON AVENUE**  
CITY-ST-ZIP **SEBRING FL 33875**

TITLE **D** ☒ Delete  
NAME **BOBING, CHIP**  
STREET ADDRESS **3215 WATERWOOD DRIVE**  
CITY-ST-ZIP **SEBRING FL 33872**

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

TITLE **D** ☐ Delete  
NAME **HEINTZ, KIM**  
STREET ADDRESS **612 ENTRADA AVENUE**  
CITY-ST-ZIP **SEBRING FL 33875**

TITLE **PB** ☒ Delete  
NAME **COOL, CARL**  
STREET ADDRESS **1120 LAKE LOTELA DRIVE**  
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **D** ☐ Delete  
NAME **HESSELINK, ROBERT L**  
STREET ADDRESS **225 WASHINGTON RD**  
CITY-ST-ZIP **SEBRING FL 33870**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition  
NAME **Ausaf, Nick**  
STREET ADDRESS **2813 Boulder Court**  
CITY-ST-ZIP **Sebring, FL 33875**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **President Director** ☐ Change ☒ Addition  
NAME **Heery, James**  
STREET ADDRESS **200 East Center Street**  
CITY-ST-ZIP **Sebring, FL 33870**

TITLE ☐ Change ☐ 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: **James Heery** **James Heery**

**4/10/03**

**(863) 385-7600**

CR2E037 (10/02)