2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 08:00 AM
Secretary of State

DOCUMENT # **N16366**

1. Entity Name
ROTARY FOUNDATION OF FORT MYERS SOUTH, INC.

Principal Place of Business	Mailing Address
PO BOX 2607	PO BOX 2607
FORT MYERS FL 33902 US	FORT MYERS FL 33902 US

DO NOT WRITE IN THIS SPACE

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 **59-2707408** ☐ 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
JONES, WILLIAM 10879 METRO PKWY FORT MYERS FL 33912	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 _____ **04/18/2001**
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	☐ Delete		TITLE	D	☒ Change	☐ Addition
NAME	DORAGH CYNTHIA			NAME	POLLOCK JOHN		
STREET ADDRESS	12071 WEDGE DR			STREET ADDRESS	13515 BELL TOWER DR		
CITY-ST-ZIP	FORT MYERS FL 33913			CITY-ST-ZIP	FORT MYERS FL 33907		
TITLE	P	☐ Delete		TITLE	D	☒ Change	☐ Addition
NAME	UNDERHILL TIMOTHY			NAME	UNDERHILL TIMOTHY		
STREET ADDRESS	1030 IONE DR			STREET ADDRESS	1030 IONE DR		
CITY-ST-ZIP	FORT MYERS FL 33919			CITY-ST-ZIP	FORT MYERS FL 33919		
TITLE	D	☐ Delete		TITLE	D	☒ Change	☐ Addition
NAME	WILLIAM M CARPENTER			NAME	PAGE PAUL		
STREET ADDRESS	1510 BEECHWOOD TRAIL			STREET ADDRESS	2412 KENT AVE		
CITY-ST-ZIP	FT. MYERS FL 33919			CITY-ST-ZIP	FT. MYERS FL 33907		
TITLE	T	☐ Delete		TITLE	STD	☒ Change	☐ Addition
NAME	MCNEIL KENNETH			NAME	MCNEIL KENNETH		
STREET ADDRESS	1715 MONROE ST.			STREET ADDRESS	10270 WASHINGTONIA PALM WAY, #2216		
CITY-ST-ZIP	FT. MYERS FL			CITY-ST-ZIP	FT. MYERS FL 33912		
TITLE	D	☐ Delete		TITLE	PD	☒ Change	☐ Addition
NAME	WHEELER WILSON			NAME	WHEELER WILSON		
STREET ADDRESS	5900 JEFFREY LN			STREET ADDRESS	5900 JEFFREY LN		
CITY-ST-ZIP	FORT MYERS FL 33907			CITY-ST-ZIP	FORT MYERS FL 33907		
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

CR2E037 (11/00)

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: WILSON WHEELER P 04/18/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #