# FOR PROFIT CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JAN 17 PM 4:40

DOCUMENT # N16366

1. Entity Name

ROTARY FOUNDATION OF FORT MYERS SOUTH, INC.

**DO NOT WRITE IN THIS SPACE**

REINSTATEMENT 02-03
DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| P.O. BOX 2607 | P.O. BOX 2607 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: FORT MYERS, FL | City & State: FORT MYERS, FL |
| Zip: 33902 Country: U.S. | Zip: 33902 Country: U.S. |

4. FEI Number: 59-2707408 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name: CLIFFORD CHAIPEL, CPA

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

12660 WORLD PLAZA LANE

City: FORT MYERS **FL** Zip Code: 33907

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: Clifford Chaipel 12/26/02
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT<br>PAUL PAGE<br>P.O. BOX 2607, FORT MYERS, FL 33902 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREASURER<br>TOM MUELLER<br>P.O. BOX 2607, FORT MYERS, FL 33902 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SECRETARY<br>BOB HOOPER<br>P.O. BOX 2607, FORT MYERS, FL 33902 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>JIM MCCAUGHN<br>P.O. BOX 2607, FORT MYERS, FL 33902 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>DICK RILEY<br>P.O. BOX 2607, FORT MYERS, FL 33902 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |

| | |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 900011879149<br>02/05/03--01017--022 **558.75 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | **DO NOT WRITE** |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |

CR2E034B (12/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Tom Mueller TOM MUELLER 1/10/03 239-337-2280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #