

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90052 027 ****61.25

DOCUMENT # N23685

1. Entity Name

ROTARY CLUB OF PALM BAY, FLORIDA, INCORPORATED

Principal Place of Business

Mailing Address

5225 BABCOCK ST NE
 PALM BAY FL 32905
 US

POST OFFICE BOX 060357
 PALM BAY FL 32906-0357



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1691565

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

BLEVINS, JAMES
1480 PALM BAY RD NE
PALM BAY FL 32905

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 **VP** Delete
 NAME **COPELAND, HARRELL**
 STREET ADDRESS **1775 PDPOISE SR**
 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WOLF, GARY**
 STREET ADDRESS **170 SHERWOOD AVE**
 CITY-ST-ZIP **SATELLITE BCH FL 32937**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HOWLETT, DALE**
 STREET ADDRESS **503 ESPANO CT**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ZIELLER, ANDY**
 STREET ADDRESS **207 SOUTHGATE BLVD**
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **WOLF, GARY**
 STREET ADDRESS **170 SHERWOOD AVE.**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **P D** Change Addition
 NAME **JIM BLEVINS**
 STREET ADDRESS **1480 Palm Bay Rd**
 CITY-ST-ZIP **Palm Bay FL 32905**

TITLE **D** Delete
 NAME **BUCHWEITZ, MARK**
 STREET ADDRESS **3630 1ST AVE**
 CITY-ST-ZIP **VALKARIA FL 32905**

TITLE **Treas** 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)