

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90104 014 ****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 32905-0357**

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

59-1691565

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 **VP** Change Addition
 NAME **Rick Charchatian**
 STREET ADDRESS **893 Raleigh Rd SE**
 CITY-ST-ZIP **Palm Bay FL 32909**

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

TITLE **D** Change Addition
 NAME **Bill Mester**
 STREET ADDRESS **P.O. Box 501260**
 CITY-ST-ZIP **MARIANNA FL 32950**

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 **PD** Delete
 NAME **BLEVINS, JIM**
 STREET ADDRESS **1480 PALM BAY RD**
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Mark Buchweitz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-02
 Date

351-0641
 Daytime Phone #

CR2E037 (9/01)