

2000 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Apr 19, 2000 8:00 am
Secretary of State

01-25-2000 90054 010 ****61.25

DOCUMENT # N46258

1. Entity Name

ROTARY CLUB OF KEY LARGO, INC.

Principal Place of Business

Mailing Address

P.O. BOX 252
 KEY LARGO FL 33037

P.O. BOX 252
 KEY LARGO FL 33037-0252

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0298310

Applied For

Not

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

FITZPATRICK, DENNIS J
38 S BOUNTY LANE
STE M-3
KEY LARGO FL 33037

Name

SCOTT NEWBERRY

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

91605 OVERSEAS HIGHWAY
 City **TAVERNER**

FL | **33070** 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)

1/19/00

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	DT	<input type="checkbox"/> Delete
NAME	ANDERSON, WILLIAM A.	
STREET ADDRESS	99198 OVERSEAS HWY, #7	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERLTH, BETTE B.	
STREET ADDRESS	24 BUCANEER DRIVE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITLA, BARBARA	
STREET ADDRESS	101425 OVESEAS HWY	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	FRANK KELLY	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William ANDERSEN	
STREET ADDRESS	99198 OVERSEAS HWY, #7	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	FRANK KELLY PRES-ELG	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9600 O.S. Highway	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SERENA INDIANT	
STREET ADDRESS	9200 O.S. Highway	
CITY-ST-ZIP	TAVERNER FL 33070	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT NEWBERRY	
STREET ADDRESS	91605 OVERSEAS HWY	
CITY-ST-ZIP	TAVERNER FL 33070	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

NEWBERRY

1/19/00

305.852.2421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #