2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **N94000005489** Mar 07, 2000 8:00 am **Secretary of State** ROTARY CLUB OF BONITA SPRINGS NOON, INC. 03-07-2000 90079 042 ****61.25 Mailing Address Principal Place of Business 7663 MILL STREAM DR 7663 MILL STREAM DR NAPLES FL 34109 NAPLES FL 34109-1700 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zìp Zin Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ROACH, PHILLIP 7663 MILL STREAM DR charged Zip Code NAPLES FL 38942 4109 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Delete Change Addition TITLE TITLE NAME NAME CARLTON, RICK 7663 Mill StreAM OB STREET ADDRESS STREET ADDRESS 22632 FOUNTAIN LAKES DR. NAPKJ CITY-ST-ZIP CITY-ST-7IP BONITA SPRINGS FL Delete ☐ Change TITI F TITLE D: NAME ELFERDINK, RUSTY NAME STREET ADDRESS STREET ADDRESS 15 8 ST #A CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34134** Change TH Addition Delete D TITLE John JAblonsKi LORD PAT NAME 706 MA: NSAIL PLACE 27128 EDENBRIDGE CT. STREET ADDRESS STREET ADDRESS NAPles F1 34110 CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL** ☐ Change Addition ☐ Delete TITLE TITLE AckerMAN NAME VALEGO, TONY NAME 40 SASIE Ridge LANC 61 EMERALD WOODS DR #D10 STREET ADDRESS STREET ADDRESS NAPles 34/09 CITY-ST-ZIP CITY-ST-ZIP-NAPLES FL 34108 Addition Change TITLE ☐ Delete KeefeR NAME PRIOLETTI, MIKE NAME STREET ADDRESS STREET ADDRESS 2550 COACHHOUSE LANE CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 true 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.