

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

0059633

04-30-2001 90038 021 ****61.25

DOCUMENT # N97000002317

1. Entity Name

LAKE WORTH SUBURBAN ROTARY CLUB, INC.

Principal Place of Business

5395 PLAINS DRIVE
 LAKE WORTH FL 33463

Mailing Address

POST OFFICE BOX 540254
 LAKE WORTH FL 33454

751680



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0748292

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MERRY, APRIL
175 ST. DAVIDS WAY
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	AMATEIS, ROLAND	
STREET ADDRESS	7138 LAKE WORTH RD	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SCHULER, RICHARD A	
STREET ADDRESS	5395 PLAINS DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LEE, JOSEPH M	
STREET ADDRESS	5395 PLAINS DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		<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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARON LEE	
STREET ADDRESS	7009 Pinetree Lane	
CITY-ST-ZIP	W. PALM BEACH FL. 33406	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVE MOSS	
STREET ADDRESS	3973 Whale Boat way	
CITY-ST-ZIP	Wellington FL 33414	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)