

2000 UNIFORM BUSINESS REPORT (UBR)

3/3

FILED
May 15, 2000 8:00 am
Secretary of State

03-30-2000 90030 018 ****61.25

DOCUMENT # N98000001682

1. Entity Name

ROTARY CLUB OF HOMESTEAD CHARITABLE FOUNDATION.

Principal Place of Business

830 N. KROME AVENUE
 HOMESTEAD FL 33030

Mailing Address

P.O. BOX 1215
 HOMESTEAD FL 33090

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0823452

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

LYNN, SANDRA T ESQ.
 830 N. KROME AVENUE
 HOMESTEAD FL 33030

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	LYNN, SANDRA T ESQ.	830 N. KROME AVENUE	HOMESTEAD FL 33030	<input checked="" type="checkbox"/>
PD	GLOSSER, RICHARD M.D.	941 N. KROME AVENUE	HOMESTEAD FL 33030	<input type="checkbox"/>
PD	MAZURE, PHILIPPE	125 N.E. EIGHTH STREET	HOMESTEAD FL 33030	<input type="checkbox"/>
T/D				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
T/D	Steven D. Losnek	65 NW 16 St	Homestead, FL 33030	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 or without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/00

305-247-2522

Date

Daytime Phone #

CR2E037 (9/99)