

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90058 006 ****70.00

DOCUMENT # N98000001682

1. Entity Name

ROTARY CLUB OF HOMESTEAD CHARITABLE FOUNDATION,

Principal Place of Business

Mailing Address

**830 N. KROME AVENUE
 HOMESTEAD FL 33030**

**P.O. BOX 1215
 HOMESTEAD FL 33090**

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

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

7. Name and Address of New Registered Agent

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

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: PD
 NAME: LYNN, SANDRA T ESQ.
 STREET ADDRESS: 830 N. KROME AVENUE
 CITY-ST-ZIP: HOMESTEAD FL 33030 Delete

TITLE: Change Addition
 NAME: SANDRA T. LYNN
 STREET ADDRESS: 830 N. Krome Ave
 CITY-ST-ZIP: Homestead, FL 33030

TITLE: VPD
 NAME: GLOSSER, RICHARD M.D.
 STREET ADDRESS: 941 N. KROME AVENUE
 CITY-ST-ZIP: HOMESTEAD FL 33030 Delete

TITLE: Change Addition
 NAME: GLOSSER, Richard
 STREET ADDRESS: 941 N. Krome Ave
 CITY-ST-ZIP: Homestead, FL 33030

TITLE: STD
 NAME: MAZURE, PLILIPPE
 STREET ADDRESS: 125 N.E. EIGHTH STREET
 CITY-ST-ZIP: HOMESTEAD FL 33030 Delete

TITLE: Change Addition
 NAME: MAZURE Philippe
 STREET ADDRESS: 125 NE 8 St
 CITY-ST-ZIP: Homestead, FL 33030

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Change Addition
 NAME: LOGAN, STEVEN B
 STREET ADDRESS: 65 NW 16 St
 CITY-ST-ZIP: Homestead, FL 33030

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Change Addition
 NAME: WITHERED, Thomas
 STREET ADDRESS: 974 Old Dixie Hwy
 CITY-ST-ZIP: Homestead, FL 33030

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOGAN DK 4/6/01 305-247-7572
 Date Daytime Phone #

CR2E037 (10/00)