

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90025 028 \*\*\*\*70.00

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**DOCUMENT # N98000001682**

1. Entity Name

**ROTARY CLUB OF HOMESTEAD CHARITABLE FOUNDATION, INC.**



Principal Place of Business

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

Mailing Address

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

**11026023**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0823452**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WARING, FRES</b>	
STREET ADDRESS	<b>30401 S. DIXIE HIGHWAY</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33030</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>LOSNER, STEVEN B</b>	
STREET ADDRESS	<b>65 NW 16 STREET</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33030</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WITHERELL, THOMAS</b>	
STREET ADDRESS	<b>974 OLD DIXIE HWY</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33030</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>OLESON, REX R</b>	
STREET ADDRESS	<b>31850 S.W. 195 AVE</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33030</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>Brian Logan</b>	
STREET ADDRESS	<b>200 N. 2nd Drive</b>	
CITY-ST-ZIP	<b>Homestead, FL 33030</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>Gherry's Khan</b>	
STREET ADDRESS	<b>45 NW 20 St</b>	
CITY-ST-ZIP	<b>Homestead, FL 33030</b>	

TITLE	<b>V.P. / D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Robert Harris</b>	
STREET ADDRESS	<b>16095 SW 84 Ave</b>	
CITY-ST-ZIP	<b>Miami, FL 33157</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Katrina Levine</b>	
STREET ADDRESS	<b>437 N. Krome Ave</b>	
CITY-ST-ZIP	<b>Homestead, FL 33030</b>	
TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Nichelle Peterson</b>	
STREET ADDRESS	<b>406 Washington Ave</b>	
CITY-ST-ZIP	<b>Homestead, FL 33030</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Arnett Ferguson</b>	
STREET ADDRESS	<b>1900 N. Krome Ave</b>	
CITY-ST-ZIP	<b>Homestead, FL 33030</b>	

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: **SIG. REQUIRED** *[Signature]* **4/28/03** **705-207-2472**

CR2E037 (10/02)