

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45537

1. Entity Name

ROTARY CLUB OF VERO BEACH SUNRISE, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90086 014 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 6274
VERO BEACH FL 32961

P.O. BOX 6274
VERO BEACH FL 32961-6274

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

65-0105200

Applied For

Not Applicable

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

RENNINGER, FRED W., JR.
136 11TH COURT
VERO BEACH FL 32962

Name **ED CARR**

Street Address (P.O. Box Number is Not Acceptable)

1141 INDIAN HAVEN TR

City **VERO BEACH**

FL

Zip Code

32963

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	D	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, JOHN	
STREET ADDRESS	P.O. BOX 3274 N/A	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TAYLOR, REX	
STREET ADDRESS	P.O. BOX 6274 N/A	
CITY-ST-ZIP	VERO BEACH FL 32961	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CORLEY, PAKS	
STREET ADDRESS	P.O. BOX 6274 N/A	
CITY-ST-ZIP	VERO BEACH FL 32961	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	RENNINGER, FRED	
STREET ADDRESS	P. O. BOX 6274 N/A	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAPECE, PETE	
STREET ADDRESS	P. O. BOX 6274 N/A	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MILTON, DAVID	
STREET ADDRESS	P.O. BOX 6274	
CITY-ST-ZIP	VERO BEACH FL 32961	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORLEY PARKS	
STREET ADDRESS	PO BOX 6274	
CITY-ST-ZIP	VERO BEACH, FL 32961	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REX TAYLOR	
STREET ADDRESS	P.O. BOX 6274	
CITY-ST-ZIP	VERO BEACH, FL 32961	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOYCE KOBLE	
STREET ADDRESS	P.O. BOX 6274	
CITY-ST-ZIP	VERO BEACH, FL 32961	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ED CARR	
STREET ADDRESS	PO BOX 6274	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID MILTON	
STREET ADDRESS	PO BOX 6274	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETE CAPECE	
STREET ADDRESS	PO BOX 6274	
CITY-ST-ZIP	VERO BEACH, FL 32963	

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 REQUIRED ED CARR

1-2-00 21-234-5983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)