

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 27, 2001 8:00 am  
Secretary of State

01-27-2001 90067 032 \*\*\*\*61.25

DOCUMENT # N45537

1. Entity Name

ROTARY CLUB OF VERO BEACH SUNRISE, INC.

Principal Place of Business

P.O. BOX 6274  
VERO BEACH FL 32961

Mailing Address

P.O. BOX 6274  
VERO BEACH FL 32961

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0105200

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

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 MOUND 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 E.J. CARR TREAS.

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>PARKS, CORLEY<br>P. O. BOX 6274<br>VERO BEACH FL 32961 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>TAYLOR, REX<br>P. O. BOX 6274<br>VERO BEACH FL 32961 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>KOBER, JOYCE<br>P.O. BOX 6274<br>VERO BEACH FL 32961 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>CARR, ED<br>P.O. BOX 6274<br>VERO BEACH FL 32963      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>MILTON, DAVID<br>P.O. BOX 6274<br>VERO BEACH FL 32963 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CAPEDE, PETE<br>P.O. BOX 6274<br>VERO BEACH FL 32961   | <input checked="" type="checkbox"/> Delete |

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>REX TAYLOR<br>PO BOX 6274<br>VERO BEACH, FL 32961           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>JOYCE KOBER<br>PO BOX 6274<br>VERO BEACH, FL 32961        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>GEORGE SANDROLETZ<br>PO. BOX 6274<br>VERO BEACH, FL 32963 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ED CARR<br>PO BOX 6274<br>VERO BEACH FL 32963                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SEB<br>DAVID   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>TOM LOWMYER<br>PO BOX 6274<br>VERO BEACH, FL 32963          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED: E.J. CARR

1-20-01

561-234-5983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)