

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90137 013 \*\*\*\*61.25

**DOCUMENT # N45537**

1. Entity Name

**ROTARY CLUB OF VERO BEACH SUNRISE, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 6274  
 VERO BEACH FL 32961

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

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

CARR, ED  
 1141 INDIAN MOUND TR  
 VERO BEACH FL 32963

Name **FRED RENNINGER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**136 11TH COURT**  
 City **VERO BEACH, FL** FL Zip Code **32962**

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

TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRED RENNINGER	
STREET ADDRESS	P.O. BOX 6274	
CITY-ST-ZIP	VERO BEACH, FL 32961	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02

Date

561 569-6338

Daytime Phone #

CR2E037 (9/01)