

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700095

1. Entity Name

WEST PALM BEACH ROTARY CLUB STUDENT AID FUND, IN

FILED

Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90044 031 ****61.25

Principal Place of Business C/O BUSH & ASSOC. 1001 ALTERNATE A1A JUPITER FL 33477 US	Mailing Address C/O BUSH & ASSOC. P.O. BOX 9885 / 601 ALTERNATE A1A WEST PALM BEACH FL 33419-9385 JUPITER, FL US 33477
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 59-1002972 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KATHLEEN BUSH 1001 ALTERNATE A1A JUPITER FL 33477		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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, typed or printed name of registered agent and title if applicable. <i>Kathleen Bush</i>	(NOTE: Registered Agent signature required when reinstating)	DATE 2/3/00
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
P LUHRSEN, DAVID 901 S FLAGLER DR W PALM BCH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D HARSHFIELD, LARRY 426 CLAREMORE DR WEST PALM BCH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition REBECCA GOULD 2617 N FLAGLER DR #112 WPS FL 33407
D BENNETT, WILLIAM W. 1126 53RD CT WEST PALM BCH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D DUFFY, LAWRENCE 810 S PALM WAY LAKE WORTH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NASON, NATHAN E 11639 HACKBERRY LN. PALM BCH. GARDENS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ES CHICKMARK, KATHLEEN BUSH 1001 ALTERNATE A1A JUPITER FL 33477	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 2/15/00	DAYTIME PHONE # 561-575-5652
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CR2E037 (9/99)