2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 25, 2000 8:00 am Secretary of State DOCUMENT # 726202 1. Entity Name DELRAY BEACH ROTARY FUND, INC. 01-25-2000 90059 043 ****61.25 Principal Place of Business Mailing Address P. O. BOX 807 P. O. BOX 807 **DELRAY BEACH FL 33447** DELRAY BEACH FL 33447-0807 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 23-7313386 Not Acres Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SIMON, ERNEST G STE. A-1, 100 N.E. FIFTH AVENUE DELRAY BEACH FL 33483 Zip Code City 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PRESIDENT Change TITLE M Delete TITLE JAMES V PIGNATO NAME O'CONNELL, DAVID F NAME STREET ADDRESS STREET ADDRESS 50 SW 9TH AVE DELRAY BEACH FL 33483 CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33486** PRESIDENT TITLE Delete TITLE ☐ Change P. MICHAEL MANNING NAME NOREM, STORMET C NAME STREET ADDRESS STREET ADDRESS 201 ASBURY WAY DELRAY BEACH FL 33483 CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FL 33426 TITLE ☐ Delete TITLE ☐ Change Addition NAME ARCHER, PATRICIA LANGL NAME コAMG STREET ADDRESS STREET ADDRESS 380 SHERWOOD FOREST DR CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33445 ☐ Delete Change ☐ Addition TITLE PELTZIE, KENNETH NAME SAMC STREET ADDRESS STREET ADDRESS 2260 RABBITT HOLLOWE CIRCLE CITY-ST-ZIP City-St-ZIP DELRAY BEACH FL ☐ Change Addition TITI F ☐ Delete TITLE NAME 5 A M B NAME GUMM, EMMETT F. STREET ADDRESS STREET ADDRESS 15791 LOCH MAREE LANE CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL Addition ☐ Change TITLE □ Delete TITLE NAME SIMON, ERNEST G. NAME 5 A M É STREET ADDRESS STREET ADDRESS 3476 ROYAL TURN LANE CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL** 12. I nereby 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