

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735400

1. Entity Name

MERRITT ISLAND ROTARY FOUNDATION INC.

Principal Place of Business

P. O. BOX 541122  
MERRITT ISLAND FL 32954

Mailing Address

P. O. BOX 541122  
MERRITT ISLAND FL 32954-1122

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

59-1688326

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

HOBBS, MARK  
800 S BANANA RIVER DR  
MERRITT ISLAND FL 32952

Name

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

City

FL

Zip Code

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

LEIF BORRESEN, TREASURER

4/26-00

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	DS	<input type="checkbox"/> Delete
NAME	FREDERICK, BILL	
STREET ADDRESS	131 S COURTNEY PKWY	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	ROBINSON, JEAN	
STREET ADDRESS	1345 N COURTNEY PKWY	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	TP	<input checked="" type="checkbox"/> Delete
NAME	MULBERRY, BRENDA	
STREET ADDRESS	6116 N. COURTNEY PKWY	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	DIR	<input checked="" type="checkbox"/> Delete
NAME	JOHNS, REGIS	
STREET ADDRESS	1941 MICHIGAN AV B	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	VPB PRESIDENT	<input type="checkbox"/> Delete
NAME	OLNEY, TRISH	
STREET ADDRESS	343 N TROPICAL TRAIL, #301	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	LEIF BORRESEN	
STREET ADDRESS	1700 HARBOR OAKS PLACE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	

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		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26-00 3217838859

FILED  
May 10, 2000 8:00 am  
Secretary of State

05-10-2000 90090 001 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE