

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 735711**

1. Entity Name

**DEERFIELD BEACH ROTARY CLUB, INC.****FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90070 032 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**2801 COUNTRY CLUB BLVD  
P.O. BOX 100  
DEERFIELD BCH FL 33443  
US****P.O. BOX 100  
DEERFIELD BCH FL 33442  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-6163179**

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

**PATTERSON, GEORGE A.  
665 SOUTHEAST TENTH ST.  
DEERFIELD BCH FL 33441**

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

**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

| TITLE | NAME      | STREET ADDRESS                  | CITY-ST-ZIP                              | Delete                              |
|-------|-----------|---------------------------------|------------------------------------------|-------------------------------------|
|       | <b>D</b>  | <b>ROBERT HUTH</b>              | <b>2397 LOB LOLLY LANE</b>               | <input checked="" type="checkbox"/> |
|       |           | <b>DEERFIELD BEACH FL 33442</b> |                                          |                                     |
|       | <b>X</b>  | <b>ORTLIEB, JOSEPH</b>          | <b>7130 VIA FIRENZE</b>                  | <input type="checkbox"/>            |
|       |           | <b>BOCA RATON FL 33433</b>      |                                          |                                     |
|       | <b>S</b>  | <b>CURTIS, VALERIE</b>          | <b>845 S FEDERAL HWY</b>                 | <input checked="" type="checkbox"/> |
|       |           | <b>DEERFIELD BCH FL 33441</b>   |                                          |                                     |
|       | <b>P</b>  | <b>KHOURY, MICHAEL</b>          | <b>16 SE 9TH AVENUE</b>                  | <input type="checkbox"/>            |
|       |           | <b>DEERFIELD BEACH FL 33441</b> |                                          |                                     |
|       | <b>D</b>  | <b>BIRKMAN, ARLAN</b>           | <b>1336 NW 4TH STREET</b>                | <input type="checkbox"/>            |
|       |           | <b>BOCA RATON FL 33486</b>      |                                          |                                     |
|       | <b>VP</b> | <b>GONOT, STEPHEN</b>           | <b>2355 DEER CREEK COUNTRY CLUB BLVD</b> | <input type="checkbox"/>            |
|       |           | <b>DEERFIELD BCH FL 33442</b>   |                                          |                                     |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME      | STREET ADDRESS                   | CITY-ST-ZIP                   | Change                              | Addition                            |
|-------|-----------|----------------------------------|-------------------------------|-------------------------------------|-------------------------------------|
|       | <b>T</b>  | <b>JUDY WILSON</b>               | <b>408 LAKE POINTE LANE S</b> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|       |           | <b>DEERFIELD BEACH, FL 33442</b> |                               |                                     |                                     |
|       | <b>VP</b> |                                  |                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|       | <b>S</b>  | <b>GEORGE SANCHEZ</b>            | <b>2918 PORT ROYAL LANE</b>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|       |           | <b>FT LAUDERDALE, FL 33308</b>   |                               |                                     |                                     |
|       | <b>D</b>  |                                  |                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|       |           |                                  |                               | <input type="checkbox"/>            | <input type="checkbox"/>            |
|       | <b>P</b>  |                                  |                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

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:

**Michael Phoury**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)