

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90005 041 ****61.25

DOCUMENT # 742147

1. Entity Name

ROTARY CLUB OF MARCO ISLAND, INC.

Principal Place of Business

Mailing Address

615 ELKCAM CIR E
 MARCO ISLAND FL 34145
 US

PO BOX 353
 MARCO ISLAND FL 34146-0353
 US

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

59-6177443

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~JENKINS, EUGENE O JR~~
~~615 ELKCAM CIR E X~~
~~MARCO ISLAND FL 34145~~

Name
Gerold Knauerhase

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

City
Marco Island, FL

FL Zip Code
34145

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	RD <input type="checkbox"/> Delete
NAME	MINOZZI, MICHAEL
STREET ADDRESS	250 FIJI COURT
CITY-ST-ZIP	MARCO ISLAND FL 34145
TITLE	RD <input type="checkbox"/> Delete
NAME	SCOTT, JOHN C
STREET ADDRESS	533 TIGERTAIL COURT
CITY-ST-ZIP	MARCO ISLAND FL 34145
TITLE	D <input type="checkbox"/> Delete
NAME	RETREY, KENNETH X
STREET ADDRESS	198 SALTWOOD DR
CITY-ST-ZIP	NAPLES FL X
TITLE	RD <input type="checkbox"/> Delete
NAME	DIAZ, AL
STREET ADDRESS	720 S COLLIER BLVD
CITY-ST-ZIP	MARCO ISLAND FL 34145
TITLE	T <input type="checkbox"/> Delete
NAME	JENKINS, EUGENE O
STREET ADDRESS	615 ELKCAM CIR E
CITY-ST-ZIP	MARCO ISLAND FL 34145
TITLE	D <input type="checkbox"/> Delete
NAME	MAJDALANI, GEORGE
STREET ADDRESS	1952 SHEFIELD AVE
CITY-ST-ZIP	MARCO ISLAND FL 34145

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sec. Larry Medly
STREET ADDRESS	7505 San Miguel Way
CITY-ST-ZIP	Naples, FL 34109
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerold Knauerhase
STREET ADDRESS	175 Society Court
CITY-ST-ZIP	Marco Island, FL 24145
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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #