

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752778

1. Entity Name

ROTARY CLUB OF FORT PIERCE, INC.

Principal Place of Business

Mailing Address

5400 EAGLE DRIVE  
FT. PIERCE FL 34951  
US

P O BOX 3994  
FORT PIERCE FL 34948-3994  
US

2. Principal Place of Business

1558 SW UNDERWOOD

3. Mailing Address

Suite, Apt. #, etc.

City & State  
PORT ST. LUCIE, FL

City & State

4. FEI Number

59-6209585

Applied For

Not Applicable

Zip  
34952

Country  
USA

Zip

Country

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

MARCH, ROBERT J  
5400 EAGLE DRIVE  
FT PIERCE FL 34951

Name  
ROBERT J. MARCH

Street Address (P.O. Box Number is Not Acceptable)  
1558 SW UNDERWOOD ST

City  
PORT ST. LUCIE FL

Zip Code  
34952

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

Robert J March

4-27-2000

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>MARCH, ROBERT J<br>5400 EAGLE DRIVE<br>FT PIERCE FL                    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>BOUDREAUX, BUD<br>3150 NO. HWY A1A, APT. 602N<br>FORT PIERCE FL 34949  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ELAM, JAMES H<br>10763 GREY HERON CT<br>PORT ST LUCIE FL 34986          | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GRIMES, TIMOTHY<br>1910 "A" MAYFLOWER RD<br>FT PIERCE, FL 34982          | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MELVILLE, HAROLD<br>3201 CANOE CREEK LANE<br>FORT PIERCE, FL 00000 34950 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>WILLIAMS, GEORGE L III.<br>608 BOSTON AVE.<br>FT PIERCE FL             | <input type="checkbox"/> Delete            |

|                                                |                                                                                                                                                   |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1558 SW UNDERWOOD AVE<br>PORT ST. LUCIE, FL 34952                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>DIRECTOR<br>TED RICE<br>4300 REDWOOD DR,<br>FORT PIERCE, FL 34957 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                 |

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  
Robert J March

4-27-2000 (561) 461-8335

Date

Daytime Phone #

CR2E037 (9/99)