

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90092 003 \*\*\*\*61.25

**DOCUMENT # 752778**

1. Entity Name

**ROTARY CLUB OF FORT PIERCE, INC.**

Principal Place of Business

Mailing Address

**206 S. 6TH STREET  
FORT PIERCE FL 34950  
US**

**P O BOX 3191  
FORT PIERCE FL 34948  
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

**59-6209585**

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

**BOUDREAUX III, ELIE J  
206 S. 6TH STREET  
FORT PIERCE FL 34950**

Name

**MICHAEL DILLMAN**

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

**1555 NW ST. LUCIE WEST BLVD.**

City

**PORT ST. LUCIE**

**FL**

Zip Code

**34986**

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

*E Boudreaux III*

**ELIE J. BOUDREAUX**

**1/28/02**

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 **PD** ☐ Delete  
NAME **BOUDREAUX III, ELIE J**  
STREET ADDRESS **206 S. 6TH STREET**  
CITY-ST-ZIP **FORT PIERCE FL 34950**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD** ☐ Delete  
NAME **BOUDREAUX, BUD**  
STREET ADDRESS **3150 NO. HWY A1A, APT. 602N**  
CITY-ST-ZIP **FORT PIERCE FL 34949**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **DILLMAN, MICHAEL**  
STREET ADDRESS **1555 NW ST. LUCIE WEST BLVD.**  
CITY-ST-ZIP **PORT ST LUCIE FL 34986**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **RICE, TED**  
STREET ADDRESS **4300 REDWOOD DR.**  
CITY-ST-ZIP **FORT PIERCE FL 34951**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **HAMILTON, MURRAY**  
STREET ADDRESS **206 S. 6TH STREET**  
CITY-ST-ZIP **FORT PIERCE FL 34950**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SANDERS, SUE-ELLEN**  
STREET ADDRESS **7809 S. INDIAN RIVER DR.**  
CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE ☐ Change ☐ 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:

*Sue-ellen Sanders*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/24/02**

CR2E037 (9/01)