2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 04, 2003 8:00 am **Secretary of State DOCUMENT # 752778** 1. Entity Name 03-04-2003 90062 018 ****61.25 ROTARY CLUB OF FORT PIERCE, INC. Principal Place of Business Mailing Address 206 S. 6TH STREET P O BOX 3191 FORT PIERGE FL 34948 FORT PIERCE FL 34950 2. Principal Place of Business Mailing_Address O. Box Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-6209585 Applied For FL ICYCC Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -DILLMAN, MICHAEL ... 1555 NW ST LUCIE WEST BLVD PORT SAINT LUCIE FL 34986. IGACC 8. The have named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of ragistered age **SIGNATURE** (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. PD ☐ Change TITLE Delete TITLE Addition Robert W. Summer horys J 1905 S. 25 16 St. 516 204 BOUDREAUZ IIL ELIE J NAME NAME 206 S_67H STREET STREET ADDRESS STREET ADDRESS Fort Pierce FL CITY-ST-ZIP FORT PIERCE FL 34950 CITY-ST-ZIP **VPD** 💢 Delete TITI F ☐ Change ☐ Addition TITI F BOUDREAUX_BUD NAME NAME STREET ADDRESS STREET ADDRESS 3150 NO. HWY A1A, APT. 602N CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL-34949 ----☐ Change Delete TITLE DILE ☐ Addition DILLMAN, MICHAEL NAME NAME STREET ADDRESS 1555 NW ST. LUCIE WEST BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST LUCIE FL 34986 MO PD TITLE Delete TITLE Change Change ☐ Addition NAME RICE, TED NAME STREET ADDRESS 4300 REDWOOD DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL 34951 TITLE Delete TITLE HAMILTON_MURRAY NAME NAME STREET ADDRESS 206 S. STALSTREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL 34950 TITLE ☐ Delete TITLE Change Addition SANDERS, SUE-ELLEN STREET ADDRESS STREET ADDRESS 7809 S. INDIAN RIVER DR. Pierre CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL 34982 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 pthe like empowered.

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