2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753022

1. Entity Name

THE ROTARY CLUB OF BONITA SPRINGS, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90072 029 ****61.25

00042012

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9200 BONITA BCH.RD. STE 204 BONITA SPRINGS FL 34135	P. O. BOX 474 BONITA SPRINGS FL 34133-0474 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 59-1882094 — 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
SPEAR, JOHN D 9200 BONITA BCH.RD. STE 204 BONITA SPRINGS FL 34135	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WEST, JOHN		NAME	
STREET ADDRESS	27801 MEADOWLARK DRIVE		STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34134		CITY-ST-ZIP	
TITLE	PED	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LEPOLA, DIANE		NAME	
STREET ADDRESS	3620 LAKEMONT DRIVE		STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34134		CITY-ST-ZIP	
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OEHLER, HARRISON W		NAME	
STREET ADDRESS	752 WIGGINS LAKE DRIVE #102		STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34110		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	AKERS, STEVE		NAME	
STREET ADDRESS	1077 LAKESHORE DRIVE		STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BARCLAY, JAY		NAME	
STREET ADDRESS	3935 WOODLAKE DRIVE		STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34134		CITY-ST-ZIP	
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DOLAN, GAIL		NAME	
STREET ADDRESS	535 RIDGE DRIVE		STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108		CITY-ST-ZIP	

CR2E037 (9/99)

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 ENCLOSED Harrison W. Oehler, Sec. 03/13/00 941/594-9065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #