

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91337 030 ****61.25

D0054071

DOCUMENT # 753022
1. Entity Name
 The Rotary Club of Bonita Springs, INC. ✓

Principal Place of Business **Mailing Address**
 P. O. Box 474
 Bonita Springs, FL 34133

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. P. O. Box 474
 Suite, Apt. #, etc. Suite, Apt. #, etc.

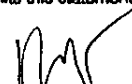
City & State **City & State**
 Bonita Springs, FL Bonita Springs, FL
Zip **Country** **Zip** **Country**
 34133 Lee 34133 Lee

4. FEI Number **Applied For**
 59-1882094 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
Name Mark J. Humphrey
Street Address (P.O. Box Number is Not Acceptable) 3371 Bonita Beach Road
City Bonita Springs **FL** **Zip Code** 34134

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  Mark J. Humphrey, Secretary **DATE** 4/30/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)

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

TITLE	President	<input type="checkbox"/> Delete
NAME	Diane Lepola	
STREET ADDRESS	3620 Lakemont Drive	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Bill Oehler	
STREET ADDRESS	752 Wiggins Lake Dr. #102	
CITY-ST-ZIP	Naples, FL 34110	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Mark J. Humphrey	
STREET ADDRESS	3371 Bonita Beach Road	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Bill Kastning	
STREET ADDRESS	3121 Laurel Ridge Ct.	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Steve Akers	
STREET ADDRESS	1077 Lakeshore Drive	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Jay Barclay	
STREET ADDRESS	27370 Oak Knool Drive	
CITY-ST-ZIP	Bonita Springs, FL 34134	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Krchniak	
STREET ADDRESS	26211 Summer Greens Drive	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve McIntosh	
STREET ADDRESS	24461 Woodsage Drive	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim O'Leary	
STREET ADDRESS	17-Bluebill-Avenue #17	
CITY-ST-ZIP	Naples, FL 34108	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott Angevine	
STREET ADDRESS	28399 Sombrero Drive	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Helbing	
STREET ADDRESS	28370 Verde Lane	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike O'Dell	
STREET ADDRESS	27030 Flossmore Drive	
CITY-ST-ZIP	Bonita Springs, FL 34135	

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:  Mark J. Humphrey, Secretary **DATE** 4/30/01 **Daytime Phone #** 941-947-5654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)