

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90180 004 ****61.25

0071

DOCUMENT # 762944

1. Entity Name

ROTARY CLUB OF SARASOTA SUNRISE, INC.

Principal Place of Business

% E RALPH TIRABASSI
1515 RINGLING BLVD. 10TH FL.
SARASOTA FL 34236-5683
US

Mailing Address

% E RALPH TIRABASSI
1515 RINGLING BLVD. 10TH FL.
SARASOTA FL 34236-5683
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2089501

Applied For

Not Applicable

Zip

Country

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

TIRABASSI, E RALPH
% E RALPH TIRABASSI
1515 RINGLING BLVD. 10TH FL.
SARASOTA FL 34236-5683

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 Delete
P
 NAME **ELJADES, CAROLYN**
 STREET ADDRESS **7375 STACY LANE**
 CITY-ST-ZIP **SARASOTA FL 34238 34241**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
VP
 NAME **THURAU, ROBERT H**
 STREET ADDRESS **1851 ISLAND WAY**
 CITY-ST-ZIP **OSPREY FL 34229**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
S
 NAME **THEODORIDES-BUSTLE, ELECTRA**
 STREET ADDRESS **4688 FALCON RIDGE DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
T
 NAME **HALL, ART**
 STREET ADDRESS **4802 POST POINTE DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
D
 NAME **ANDERSON, KATHLEEN**
 STREET ADDRESS **1319 KIRKWOOD LANE**
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
D
 NAME **FIORE, EMIL**
 STREET ADDRESS **6995 COUNTY LAKES CIRCLE**
 CITY-ST-ZIP **SARASOTA FL 34243**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIG. [Signature]

1/10/01 941-364-4610

CR2E037 (10/00)