

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90132 027 ****61.25

DOCUMENT # 762944

1. Entity Name

ROTARY CLUB OF SARASOTA SUNRISE, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

PO Box 595
 Suite, Apt. #, etc.

PO Box 595
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Sarasota, FL

City & State
 Sarasota FL 34236

4. FEI Number
 59-2089501

Applied For
 Not Applicable

Zip
 34230 Country
 USA

Zip
 34230 Country
 USA

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
 Electra Theodorides-Bustle
 Street Address (P.O. Box Number is Not Acceptable)
 2071 Ringling Blvd.
 City
 Sarasota FL Zip Code
 34238

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

Electra Theodorides-Bustle

2/14/02

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 NAME STREET ADDRESS CITY-ST-ZIP	P ELIADES, CAROLYN 7375 STACY LANE SARASOTA FL 34238	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THURAU, ROBERT H 1851 ISLAND WAY OSPREY FL 34229	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THEODORIDES-BUSTLE, ELECTRA 4688 FALCON RIDGE DRIVE SARASOTA FL 34233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HALL, ART 4802 POST POINTE DRIVE SARASOTA FL 34233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, KATHLEEN 1319 KIRKWOOD LANE SARASOTA FL 34232	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIORE, EMIL 6995 COUNTY LAKES CIRCLE SARASOTA FL 34243	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Frank Willett 3417 Fairview Dr. Sarasota FL 34239	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP John Lafabregue 5486 Kelly Dr. Sarasota FL 34233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Electra Theodorides-Bustle Electra Theodorides-Bustle 2/14/02 941-304-4610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)