


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

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90303 025 \*\*\*\*61.25

**DOCUMENT # 762944**

1. Entity Name  
**ROTARY CLUB OF SARASOTA SUNRISE, INC.**



Principal Place of Business      Mailing Address

P.O. BOX 595      P.O. BOX 595  
SARASOTA FL 34230      SARASOTA FL 34230  
US      US

1003010



CHECK HERE IF MAKING CHANGES

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 **59-2089501**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BUSTLE, ELECTRA T**  
**2071 RINGLING BLVD**  
**SARASOTA FL 34233**

**7. Name and Address of New Registered Agent**

Name **Robert R. CUNNINGHAM**

Street Address (P.O. Box Number is Not Acceptable)  
**4567 MCINTOSH LANE**

City **SARASOTA**      FL      Zip Code **34232**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Robert R. CUNNINGHAM (TREASURER)**      *[Signature]*      DATE **3/15/03**

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | P                           | <input checked="" type="checkbox"/> Delete |
| NAME           | WILLET, FRANK               |  |
| STREET ADDRESS | 3417 FAIRVIEW DR.           |  |
| CITY-ST-ZIP    | SARASOTA FL 34239           |  |
| TITLE          | VP                          | <input checked="" type="checkbox"/> Delete |
| NAME           | LAFOREGUE, JOHN             |  |
| STREET ADDRESS | 5486 KELLY DR.              |  |
| CITY-ST-ZIP    | SARASOTA FL 34233           |  |
| TITLE          | S                           | <input checked="" type="checkbox"/> Delete |
| NAME           | THEODORIDES-BUSTLE, ELECTRA |  |
| STREET ADDRESS | 4688 FALCON RIDGE DRIVE     |  |
| CITY-ST-ZIP    | SARASOTA FL 34233           |  |
| TITLE          | T                           | <input checked="" type="checkbox"/> Delete |
| NAME           | HALL, ART                   |  |
| STREET ADDRESS | 4802 POST POINTE DRIVE      |  |
| CITY-ST-ZIP    | SARASOTA FL 34233           |  |
| TITLE          | D                           | <input checked="" type="checkbox"/> Delete |
| NAME           | ANDERSON, KATHLEEN          |  |
| STREET ADDRESS | 1319 KIRKWOOD LANE          |  |
| CITY-ST-ZIP    | SARASOTA FL 34232           |  |
| TITLE          | D                           | <input type="checkbox"/> Delete            |
| NAME           | IORE, EMIL                  |  |
| STREET ADDRESS | 6995 COUNTY LAKES CIRCLE    |  |
| CITY-ST-ZIP    | SARASOTA FL 34243           |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | P                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Lafabregue, John      |  |
| STREET ADDRESS | 5486 Kelly Drive      |  |
| CITY-ST-ZIP    | Sarasota, FL 34233    |  |
| TITLE          | VP                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Lawrence, William     |  |
| STREET ADDRESS | 2743 Moss Oak Drive   |  |
| CITY-ST-ZIP    | Sarasota, FL 34231    |  |
| TITLE          | S                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Anderson, Kathleen    |  |
| STREET ADDRESS | 1319 Kirkwood Lane    |  |
| CITY-ST-ZIP    | Sarasota, FL 34232    |  |
| TITLE          | T                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Cunningham, Robert    |  |
| STREET ADDRESS | 4567 McIntosh Lane    |  |
| CITY-ST-ZIP    | Sarasota, FL          |  |
| TITLE          | D                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Bockhold, Gary        |  |
| STREET ADDRESS | 7416 S. Serenba Drive |  |
| CITY-ST-ZIP    | Sarasota, FL 34241    |  |
| TITLE          | D                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Fiore, Emil           |  |
| STREET ADDRESS | 5318 Grasmere Lane    |  |
| CITY-ST-ZIP    | Sarasota, FL 34241    |  |

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: *Kathleen Anderson*

1-9-03      941-921-4445

CR2E037 (10/02)