

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**  
 04-23-2001 90123 011 \*\*\*\*61.25

**DOCUMENT # 766739**

1. Entity Name

**CHARLOTTE HARBOR ROTARY FOUNDATION, INC.**

Principal Place of Business

% CHARLOTTE HARBOR YATCH CLUB  
 4400 LISTER ST  
 PT CHARLOTTE FL 33952  
 US

Mailing Address

P.O. BOX 510391  
 PUNTA GORDA FL 33951-0391

2. Principal Place of Business

**BEST WESTERN**

3. Mailing Address

Suite, Apt. #, etc.

**300 W. RETTA ESPLANADE**

Suite, Apt. #, etc.

City & State

**PUNTA GORDA - FL**

City & State

Zip

**33950**

Country

**USA**

Zip

Country

4. FEI Number

**59-2274640**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**KIRSHY, RUSSELL**  
**4055 TAMAMI TRAIL**  
**SUITE A4**  
**PORT CHARLOTTE FL 33953**

7. Name and Address of New Registered Agent

Name **SELVARAJAH SUNDERAVEL**

Street Address (P.O. Box Number is Not Acceptable)  
**861 HALEYBURY STREET**

City **PORT CHARLOTTE** **FL** Zip Code **33948**

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

*Selvarajah* **SELVARAJAH SUNDERAVEL - SECRETARY**

**4/10/2001**

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

TITLE **P. P** ☐ Delete  
 NAME **KELLER, WALLY**  
 STREET ADDRESS **133 SMALL ST.**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **VP P** ☐ Delete  
 NAME **CARTER, STEPHEN**  
 STREET ADDRESS **4814 JACARANDA HUGH DR.**  
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **P. E** ☐ Delete  
 NAME **BASILIO, JOSE**  
 STREET ADDRESS **2539 RIO PALMERO**  
 CITY-ST-ZIP **PUNTA GORDA FL 33980**

TITLE **S** ☐ Delete  
 NAME **SUNDERAVEL, SELVA**  
 STREET ADDRESS **P.O. BOX 381062**  
 CITY-ST-ZIP **MURDOCK FL 33938**

TITLE **BT** ☐ Delete  
 NAME **WILSON, BOB**  
 STREET ADDRESS **P.O. BOX 510391**  
 CITY-ST-ZIP **PUNTA GORDA FL 33951**

TITLE **D** ☐ Delete  
 NAME **MONCK, RON**  
 STREET ADDRESS **1433 KENSINGTON ST.**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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 #

CR2E037 (10/00)