

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90017 040 ****61.25

DOCUMENT # N00000002385

1. Entity Name

HOBE SOUND/PORT SALERNO ROTARY CLUB INC.

Principal Place of Business

**8537 S.E. COCONUT STREET
HOBE SOUND FL 33455**

Mailing Address

**8537 S.E. COCONUT STREET
HOBE SOUND FL 33455**

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

EIN 36-3245072

Applied For

Not Applicable

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

**WHIPPEN, WILLARD H
8537 S.E. COCONUT STREET
HOBE SOUND FL 33455**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PT	SEMENTELLI, TONY	7553 SE BAY CEDAR CIR	HOBE SOUND FL 33455	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TT	WHIPPEN, WILLARD H	8537 SE COCONUT ST.	HOBE SOUND FL 33455	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ST	MOODY, FLORENCE	3311 SUNSET TRACE CIR	PALM CITY FL 34990	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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)