

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

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90166 025 ****61.25

DOCUMENT # NO1000004646

1. Entity Name

**JUPITER TEQUESTA SUNRISE ROTARY CLUB OF SOUTH FL
ORIDA, INC.**



Principal Place of Business

**1001 N. US HWY. 1, STE. 304
JUPITER FL 33477**

Mailing Address

**PO BOX 3643
TEQUESTA FL 33469**

22002726



☐ 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 **65-0288561**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BERROCAL, CARLOS J
801 MAPLEWOOD DR., STE. 22-A
JUPITER FL 33458**

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FRIEDKIN, RICHARD**
STREET ADDRESS **10221 HERON WOOD LN.**
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

TITLE **D** ☒ Delete
NAME **BOYHAN, TOM**
STREET ADDRESS **342 TONEY PENNA DRIVE**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **D** ☒ Delete
NAME **WOOD, LISA**
STREET ADDRESS **316 4TH ST.**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **D** ☒ Delete
NAME **NICKERSON, DAVID K JR**
STREET ADDRESS **1001 N. US HWY. 1, STE. 304**
CITY-ST-ZIP **JUPITER FL 33477**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Addition
NAME **BECKETT TOM**
STREET ADDRESS **185 E. INDIANTOWN RD #114**
CITY-ST-ZIP **JUPITER FL 33477**

TITLE ☐ Change ☒ Addition
NAME **CHRISTINA JOHNSON**
STREET ADDRESS **601 H. MUIRFIELD CT.**
CITY-ST-ZIP **JUPITER 33458**

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

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

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

CR2E037 (10/02)

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:

BECKETT TOM TREASURER 2/1/03 561-746-1441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR