2001 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2001 8:00 am § Secretary of State DOCUMENT # NO1198 1. Entity Name ROTARY CLUB OF DANIA, INC. 05-02-2001 90067 021 ****61.25 Principal Place of Business Mailing Address 700 E. DANIA BEACH BLVD. 700 E. DANIA BEACH BLVD. DANIA FL 33004-3090 DANIA FL 33004-3090 755068 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For Oity & State City & State 59-6141157 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RYAN, TIMOTHY 700 E. DANIA BCH. BLVD. DANIA FL 33004 City Zip Code Fl 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) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change Addition Delete TITLE TITLE Yues BAllet DEL PRADO, FRANK NAME NAME 810 NW 9th Ale STREET ADDRESS 5061 SW 29 WAY STREET ADDRESS DANIA, FIA 33604 CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL ☐ Change ☐ Addition SD ☐ Delete TITLE TITI F NAME SILVERNALE, SCOTT NAME STREET ADDRESS STREET ADDRESS 275 SW 9TH ST CITY-ST-ZIP CITY-ST-ZIP DANIA FL 33004 ☐ Delete TITLE ☐ Change Addition TITLE DUBON, JASON NAME NAME STREET ADDRESS STREET ADDRESS 215 N FEDERAL HWY CITY-ST-ZIP CITY-ST-ZIP DANIA FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE GALLET, MARC NAME NAME STREET ADDRESS STREET ADDRESS 5200 POLK ST. CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL 33021 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 empa

SIGNATURE: