

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12616

1. Entity Name

NAPLES SUNSET ROTARY CLUB, INC.

Principal Place of Business

Mailing Address

P. O. BOX 2561  
NAPLES FL 34104  
US

P. O. BOX 2561  
NAPLES FL 34104  
US

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

59-2632929

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

BODINE, ROBERT  
5644 SANDLEWOOD CT 1904  
NAPLES FL 33962

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 D  
NAME MCKEUNA JACK  
STREET ADDRESS 107 FLAME VINE DR  
CITY-ST-ZIP NAPLES FL 34110 ☒ Delete

TITLE P  
NAME Jim BOORSTIN  
STREET ADDRESS 680 2ND AVE N #302  
CITY-ST-ZIP NAPLES FL 34102 ☐ Change ☐ Addition

TITLE S  
NAME BODINE, ROBERT  
STREET ADDRESS 2702 KINGS LAKE BLVD  
CITY-ST-ZIP NAPLES FL ☒ Delete

TITLE S  
NAME ANKE STIMPSON  
STREET ADDRESS 333 HARBOUR DR #204  
CITY-ST-ZIP NAPLES FL 34103 ☐ Change ☐ Addition

TITLE D  
NAME LEAMON, GOERGE  
STREET ADDRESS 7024 TRAIL BLVD  
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

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

TITLE T  
NAME SCHOMBURG, SCOTT  
STREET ADDRESS 651 LAMTON LANE  
CITY-ST-ZIP NAPLES FL ☐ Delete

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

TITLE P  
NAME BERTIL, FORTIR  
STREET ADDRESS P.O BOX 2226  
CITY-ST-ZIP NAPLES FL 34106 ☒ Delete

TITLE T  
NAME LARRY PIVACEK  
STREET ADDRESS 61 SILVER OAKS #12203  
CITY-ST-ZIP NAPLES FL 34102 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

4/22/02

239  
939 1241

Date

Daytime Phone #

CR2E037 (9/01)

0064883