

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

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90277 014 ****61.25

DOCUMENT # N12616

1. Entity Name
NAPLES SUNSET ROTARY CLUB, INC.



Principal Place of Business

P. O. BOX 2561
NAPLES FL 34104
US

Mailing Address

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

BODINE, ROBERT
5644 SANDLEWOOD CT, 1904
NAPLES FL 33962

7. Name and Address of New Registered Agent

Name **GARY J MOORE**

Street Address (P.O. Box Number is Not Acceptable)

596 93rd Ave N

City **NAPLES**

FL

Zip Code **34108**

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]*
Signature, typed or printed name of registered agent and title if applicable.

Treasurer

(NOTE: Registered Agent signature required when reinstating)

8-05-03

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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 **P** ☒ Delete
NAME **BOORSTIN, JIM**
STREET ADDRESS **680 2ND AVE N #302**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **S** ☒ Delete
NAME **STIMPSON, ANKE**
STREET ADDRESS **333 HARBOUR DR #204**
CITY-ST-ZIP **NAPLES FL 34103**

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

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

TITLE **T** ☒ Delete
NAME **PIVACEK, LARRY**
STREET ADDRESS **61 SILVER OAKS #12203**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Herb Buck** ☐ Change ☒ Addition
NAME **Pres Elect**
STREET ADDRESS **5405 Jaeger Rd**
CITY-ST-ZIP **Naples FL 34109**

TITLE **Bill Erickson** ☐ Change ☒ Addition
NAME **Secretary**
STREET ADDRESS **136 Pebble Beach Cir**
CITY-ST-ZIP **Naples FL 34113**

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

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

TITLE **V. Pres** ☐ Change ☒ Addition
NAME **Marion Zillman**
STREET ADDRESS **P.O. Box 220**
CITY-ST-ZIP **Mario Island FL 34146**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **GARY J MOORE**
STREET ADDRESS **596 93rd Ave N**
CITY-ST-ZIP **Naples FL 34108**

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]*

8-07-03

239-594-2257

CR2E037 (4/03)