

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14395

1. Entity Name

ROTARY CLUB OF MIAMI LAKES, INC.

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90001 030 \*\*\*\*70.00

Principal Place of Business

15476 NW 77TH CT. #188  
MIAMI LAKES FL 33016  
US

Mailing Address

15476 NW 77TH CT. #188  
MIAMI LAKES FL 33016-5823  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHERMAN, PAUL I.  
1840 WEST 49TH STREET  
STE.510  
HIALEAH FL 33012

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.

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JOHNSTON, ROSS	
STREET ADDRESS	1000 QUAYSIDE TERR, #1412	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SIMONOFF, MARTIN D	
STREET ADDRESS	8564 NW 165TH TERR	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, PETER V.	
STREET ADDRESS	10442 SW 41ST ST.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DOTEN, VALERIE ANN	
STREET ADDRESS	7644 HARBOR BLVD.	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPANO, ROBERT	
STREET ADDRESS	8330 MENTEITH TERRACE	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SNYDER, ROBERT	
STREET ADDRESS	7340 SW 107TH TERR.	
CITY-ST-ZIP	MIAMI FL 33156	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martin D. Simonoff	
STREET ADDRESS	8564 NW 165th Terr.	
CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martin Taylor	
STREET ADDRESS	17941 SW 27th Street	
CITY-ST-ZIP	Miramar, FL 33029	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank L. Kubler	
STREET ADDRESS	13261 SW 54th Court	
CITY-ST-ZIP	Miramar, FL 33027	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Valerie Ann Doten	
STREET ADDRESS	7644 Harbor Blvd.	
CITY-ST-ZIP	Miramar, FL 33023	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter A. Light	
STREET ADDRESS	13425 NW 102nd Ave.	
CITY-ST-ZIP	Hialeah Gardens, FL 33018	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ross M. Johnston	
STREET ADDRESS	1000 Quayside Terr., #1412	
CITY-ST-ZIP	Miami, FL 33138	

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 #

*Ross M. Johnston* 4/23/00 305/819-8877

CR2E037 (9/99)

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NAME JOHNSTON, ROSS  
STREET ADDRESS 1000 QUAYSIDE TERR, #1412  
CITY-ST-ZIP MIAMI FL 33138

TITLE D ☐ Change ☒ Addition  
NAME Ingrid Simshauser  
STREET ADDRESS 15280 SW 51st Street  
CITY-ST-ZIP Miramar, FL 33027

TITLE VP ☒ Delete  
NAME SIMONOFF, MARTIN D  
STREET ADDRESS 8564 NW 165TH TERR  
CITY-ST-ZIP MIAMI LAKES FL 33016

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

TITLE D ☒ Delete  
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

CONTINUATION OF BOX 11

0092494  
#N14395

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)