

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

0055721

DOCUMENT # N14500

1. Entity Name

ROTARY CLUB OF BOCA RATON SUNRISE, INC.

03-09-2001 90484 022 ****61.25

Principal Place of Business

Mailing Address

C/O WILLIAM SCHNABEL
 901 MCCLEARY ST.
 DELRAY BEACH FL 33483

C/O WILLIAM SCHNABEL
 901 MCCLEARY ST.
 DELRAY BEACH FL 33483

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

59-2668776

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

SCHNABEL, WILLIAM W.
 901 MCCLEARY STREET
 DELRAY BEACH FL 33483

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** ☒ Delete
 NAME **SHARP, TIM**
 STREET ADDRESS **1299 W. ROYAL PALM RD.**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **STEVE ALMAN**
 STREET ADDRESS **2363 NW 49th Lane**
 CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **VP** ☐ Delete
 NAME **BLUM, DEBBIE**
 STREET ADDRESS **6727 TIBURON CIR.**
 CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE **X** ☒ Delete
 NAME **ROWAN, ED**
 STREET ADDRESS **2915 SW 22ND AVE.**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

TITLE **D** ☐ Delete
 NAME **HIRSCH, SHIRLEY**
 STREET ADDRESS **7078 SAN SALVADOR**
 CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE **S** ☐ Delete
 NAME **MORDIS, BARRY**
 STREET ADDRESS **2901 N. ROCK ISLAND RD.**
 CITY-ST-ZIP **MARGATE FL 33063**

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

TITLE **TD** ☐ Delete
 NAME **SCHNABEL, BILL**
 STREET ADDRESS **901 MCCLEARY STREET**
 CITY-ST-ZIP **DELRAY BEACH FL**

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)