

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14500

1. Entity Name

ROTARY CLUB OF BOCA RATON SUNRISE, INC.

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90723 012 \*\*\*\*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

5/16/02

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 ☒ Director ☐ Delete  
NAME ALMAN, STEVE  
STREET ADDRESS 2363 NW 49TH LANE  
CITY-ST-ZIP BOCA RATON FL 33431

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

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

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

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

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

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

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

TITLE ☐ 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 ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Schnabel

Date

5/16/02

Daytime Phone #

521-789-3782

CR2E037 (9/01)