2001 UNIFORM BUSINESS REPORT (UBR)

DQCUMENT # N14602

1. Entity Name

THE ROTARY CLUB OF WEST PALM BEACH SUNRISE, FLOR

Mailing Address

% JAMES MCCARTNEY WEARN 2023 N FLAGLER DR. WEST PALM BEACH FL 33407

Principal Place of Business

P O BOX 566 WEST PALM BEACH FL 33402

2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State				

FILED Feb 28, 2001 8:00 am Secretary of State

02-28-2001 90077 008 ****61.25

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•	ade of Educatess	3. Walling Address					
Suite, Apt. #, etc. City & State City & State City & State			DO NOT WRITE IN THIS SPACE				
			4. FEI Numbe	4. FEI Number 59-2670761			
Zip	Country	Zip	Country	5. Certificate		Not Applie \$8.75 Additional Fee Required	
	6. Name and Address of Current Re	egistered Agent	<u> </u>	7. Name and	Address of New Registered A	•	
			Name				
WEARN, JAMES MCCARTNEY 2023 N FLAGLER DRIVE WEST PALM BEACH FL 33407		Street A	Street Address (P.O. Box Number is Not Acceptable)				
			City	•	FL	Zip Code	
8 The above i	named entity submits this statement for t	ha nurneae of changing its	asistarad affina s		- 		
SIGNATURE	Signature, typed or printed name of registered agent an FILE NOW:	9. Election Campaign	Financing	ure required when reinstating) \$5.00 May Be	DATE Make Check F	Payable to	
	FEE IS \$61.25	Trust Fund Contribu	tion.	Added to Fees	Department		
10	OFFIGERS	07000					
10.	OFFICERS AND DIRE		11.		ANGES TO OFFICERS AND DI		
TITLE	DP	☐ Delete	TITLE	PRESIDENT	DIRECTOR	☐ Change ☐ A	
NAME STREET ADDRESS	HARRISON, CHRIS		NAME	NARDA E.	BUTWER	·	
CITY-ST-ZIP	1438 CARIBEAN RD		STREET ADDRESS	1003 0-161	LEEN PINE B	202,	
	LAKE CLARKE SHORE FL 33406		CITY-ST-ZIP	WEST FALM	BEACH, FL 30	3409	
TITLE	DSV	☐ Delete	TITLE		ENT / DIRECTOR	Change 🔲 A	
NAME CIRCET ADDRESS	BUTNER, NARDA EMERIA		NAME	DAVID WIL	1250N)		
STREET ADDRESS CITY-SY-ZIP	1005 D-1 GREEN PINE BLVD		STREET ADDRESS	106 RIDGE			
	WEST PALM BEACH FL 33409		CITY-ST-ZIP	JUPITER	FL 33477		
TITLE	DT	Delete	TITLE		ARY DIRECTOL	Change 🔲 A	
NAME STORET ADODESS	RINDER KNECT, GENE		NAME	CHRASTOPHE	L HARRISON		
STREET ADDRESS CITY-ST-ZIP	7067 DEER POINT LANE		STREET ADDRESS		BEAN ROAD		
	WEST PALM BEACH FL 33411		City-St-ZIP	LAKE CLAR	KE SHORE, FL	33406	
TITLE	DT	☐ Delete	TITLE	DIRECTOR	•	☐ Change ☐ A	
NAME STREET ADDRESS	WILLSON, DAVID		NAME	SUSAN WE	EIMER		
STREET ADDRESS	106 RIDGE RD		STREET ADDRESS		I LAKE DRIVE	ı	
CITY-ST-ZIP	JUPITER FL 33477		CITY-ST-ZIP		FL 38462		
TITLE	DPP	Delete	TITLE	DIRECTOR.		☐ Change ☐ A	
NAME	BAINER, ELLEN		NAME	DAVID ME			
	. 44064C LIC LINV		STREET ADDRESS	201 ARKON	IM COURT		
STREET ADDRESS	11951C US HWY						
STREET ADDRESS CITY-ST-ZIP	N PALM BCH FL		CITY-ST-ZIP	WEST TALL	N BEACH FL 30	<u> 3407</u>	
CITY-ST-ZIP	N PALM BCH FL D	Delete	TITLE	WEST TALL	n BEACH, FL 30	<i>340/</i> □ Change □ A	
CITY-ST-ZIP TITLE NAME	N PALM BCH FL D WELCH, ROBERT	Delete		WEST TALL	n BEACH, FL 30		
CITY-ST-ZIP	N PALM BCH FL D	Delete	TITLE	WEST TALL	N BEACH, FL 30		

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:

Tlanda Bulnic SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561) 659-5656