

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90266 015 ****61.25

DOCUMENT # N14602

1. Entity Name

THE ROTARY CLUB OF WEST PALM BEACH SUNRISE, FLORIDA, U.S.A., INC.

Principal Place of Business

Mailing Address

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

P O BOX 566
 WEST PALM BEACH FL 33402
 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

59-2670761

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

WEARN, JAMES MCCARTNEY
2023 N FLAGLER DRIVE
WEST PALM BEACH FL 33407

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	DP	<input checked="" type="checkbox"/> Delete
NAME	HARRISON, CHRIS	
STREET ADDRESS	1438 CARIBBEAN RD	
CITY-ST-ZIP	LAKE CLARKE SHORE FL 33406	
TITLE	DSV	<input checked="" type="checkbox"/> Delete
NAME	BUTNER, NARDA EMERIA	
STREET ADDRESS	1005 D-1 GREEN PINE BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BUTNER, NARDA E	
STREET ADDRESS	1005 D-1 GREEN PINE BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	WILLSON, DAVID	
STREET ADDRESS	106 RIDGE RD	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WILLSON, DAVID	
STREET ADDRESS	106 RIDGE ROAD	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEEKER, DAVID	
STREET ADDRESS	201 ARKONA COURT	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLSON, DAVID	
STREET ADDRESS	106 RIDGE ROAD	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOMBARD, DENA	
STREET ADDRESS	8895 EAGLE LANE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE	D SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY HAMMOND	
STREET ADDRESS	2062 RESTON CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	D. TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL J. GREENE, JR.	
STREET ADDRESS	610 6TH STREET, UNIT D	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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:

NARDA E. BUTNER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/02
 (561) 655-7776