

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90039 028 \*\*\*\*61.25

**DOCUMENT # N16395**

1. Entity Name

**MIAMI DADELAND ROTARY CLUB, INC.**

Principal Place of Business

9520 SW 118TH COURT  
 MIAMI FL 33186  
 US

Mailing Address

9520 SW 118TH COURT  
 MIAMI FL 33186-2140  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0224217**

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

**BROWN, RICHARD**  
**9485 SUNSET DR**  
**A195**  
**MIAMI FL 33173**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	REGO, MORRIS	13225 S.W. 69 TERRACE	MIAMI FL 33183	<input checked="" type="checkbox"/>
D	JOHNS, LOUIS G	9485 SUNSET DR A195	MIAMI FL 33173	<input type="checkbox"/>
VP	POZEN, IRA	9130 S. DADELAND BLVD, # 1510	MIAMI FL 33156	<input type="checkbox"/>
T	SPARGER, KATHY	9816 SW 193 STREET	MIAMI FL 33196	<input type="checkbox"/>
D	LIEBERMAN, RON	10625 SW 100 ST	MIAMI FL	<input type="checkbox"/>
D	FERNANDEZ, JORGE	10876 SW 151 PLACE	MIAMI FL 33157	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VP	LAWRENCE DAVIS	7700 N. RENDALL DRIVE	MIAMI FL 33156	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00 305-670-1800

Date

Daytime Phone #

CR2E037 (9/99)