2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 17, 2001 8:00 am Secretary of State DOCUMENT # N21652-NAPLES NORTH ROTARY CLUB FOUNDATION, INC. 04-17-2001 90074 033 ****61.25 Principal Place of Business Mailing Address 384 COUNTRY CLUB LANE P.O. BOX 1307 一点和激素。 127 EUGENIA DRIVE NAPLES FL 34106 NAPLES FL 34110 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2657472 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) STANLEY JOHN A 2545 70TH ST. SW NAPLES FL 34105 City 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:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ■ Addition TITLE ☐ Delete TITLE MANLEY, PAUL E. NAME 384 COUNTRY CLUB LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition STANLEY, JOHN NAME NAME STREET ADDRESS 2545 70TH STREET SW STREET ADDRESS CITY-ST-ZIP. -NAPLES FL CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME WELSH, MICHAEL STREET ADDRESS 2211 MARINA DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Change TITLE ☐ Delete TITLE ☐ Addition MOORE, MICHAEL NAME NAME STREET ADDRESS 582 GORDONIA RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 PKESIDEN Addition TITI F Delete ☐ Change TITLE WARD, WILLIAM NAME NAME STREET ADDRESS 4855 6TH AVE SW STREET ADDRESS CITY-ST-ZIP NAPLES FL 34108 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition CLAPPER, JOHN NAME NAME STREET ADDRESS 3000 TAMIAMI TR N. STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP

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.