2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State
07-20-2001 90004 035 ****70.00

DOCUMENT # N42640

1. Entity Name

SUNTREE-PINEDA ROTARY FOUNDATION, INC.

Principal Place of Business	Mailing Address
215 BAYTREE DR #1 MELBOURNE FL 32940 US	215 BAYTREE DR #1 MELBOURNE FL 32940 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
960 Wildwood DR	P.O. Box 410278
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MELBOURNE	City & State: MELBOURNE
Zip: 32940 Country: US	Zip: 32941-0278 Country: US

4. FEI Number 59-3103867 ☐ 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
BRADLEY, FRANCIS 427 TIMBERLAKE RD MELBOURNE FL 32940	Name: JAMES H. MARSHALL Street Address (P.O. Box Number is Not Acceptable): 960 Wildwood DR City: MELBOURNE FL Zip Code: 32940

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: James H. Marshall 7/14/01
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
After September 12, 2001, min. will be $236.25

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	D JACKSON, NEIL M 438 LAKE VICTORIA CIRCLE MELBOURNE FL 32940	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D President John H. Barry 4154 San Isidro Way Rockledge, FL 32955	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BRADLEY, FRANCIS 427 TIMBERLAKE MELBOURNE FL 32940	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D President Elect JANET L. ERICKSON 300 SANDHURST DR Melbourne FL 32940	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KIRKLAND, KAREN 215 BAYTREE DR #1 MELBOURNE FL 32940	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES H. MARSHALL 960 Wildwood DR MELBOURNE, FL 32940 Secretary	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURTHA, BRIAN J 1329 BONAVENTURE DR MELBOURNE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Treasurer E. MICHAEL MALONE PO Box 410766 Melbourne, FL 32941	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITTAKER 670 ROOSMOOR CIR MELBOURNE FL 32940	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

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: John H. Barry Pres-El SIGNATURE REQUIRED 7-14-01 321-636-7746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #