

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90168 017 \*\*\*\*61.25

**DOCUMENT # N42640**

1. Entity Name  
**ROTARY CLUB OF SUNTREE FOUNDATION, INC.**



Principal Place of Business

**960 WILDWOOD DR  
MELBOURNE FL 32940  
US**

Mailing Address

**P O BOX 410278  
MELBOURNE FL 32941-0278  
US**

2. Principal Place of Business

**7400 N Wickham Rd**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Melbourne, FL**

City & State

4. FEI Number **59-3103867**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32940**

**Brevard**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WHITE, TOM  
439 TIMBERLAKE DR  
MELBOURNE FL 32940**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **BARRY, JOHN H**  
STREET ADDRESS **4154 SAN VSIDRO WAY**  
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **PD** ☐ Delete  
NAME **ERICKSON, JANET L**  
STREET ADDRESS **300 SANDHURST DR**  
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **VPD** ☐ Delete  
NAME **SANCLEMANTE, LEON**  
STREET ADDRESS **1234 EDNA COURT**  
CITY-ST-ZIP **PORT ORANGE FL 32129**

TITLE **D** ☐ Delete  
NAME **JANNAZZI, LOUIS**  
STREET ADDRESS **575 TEMPLE ST**  
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **S** ☐ Delete  
NAME **WHITE, THOMAS**  
STREET ADDRESS **439 TIMBERLAKE**  
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **T** ☐ Delete  
NAME **RENFRO, RICHARD**  
STREET ADDRESS **386 MURLEWOOD**  
CITY-ST-ZIP **MELBOURNE FL 32940**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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** **Richard Renfro**

**1/15/03**

**321-254-2400**

CR2E037 (10/02)