2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
04-23-2001 90003 050 ****61.25

DOCUMENT # N44034

1. Entity Name

SUNRISE ROTARY CLUB, INC.

Principal Place of Business	Mailing Address
1512 18TH ST. KEY WEST FL 33040 US	P.O. BOX 2354 KEY WEST FL 33041

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1201 ASHBY ST.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KEY WEST FL	City & State
Zip: 33040 Country: USA	Zip Country

4. FEI Number: 65-0290177 ☐ 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
HENSON, THERESA 1512 18TH ST. KEY WEST FL 33040	Name: CHRISTINE WAITE Street Address (P.O. Box Number is Not Acceptable): 1201 ASHBY ST. City: KEY WEST FL Zip Code: 33040

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: C Waite CHRISTINE WAITE 4/13/01
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

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	SD HYDE, ROBERT 3307 PEARL AVE KEY WEST FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HYDE, ROBERT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JANSEN, CARL 3704 NORTHSIDE DR. KEY WEST FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JANSEN, CARL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RODRIGUEZ, RAYMOND P.O. BOX 2354 KEY WEST FL 33040	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CHRISTINE WAITE 1201 ASHBY ST KEY WEST FL 33040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HENSON, THERESA 1512 18TH ST. KEY WEST FL 33040	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GINA DIETRICH SOOS 2918 PATTERSON AVE. KEY WEST FL 33040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 (10/00)

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: C Waite REQUIRED CHRISTINE WAITE 4/13/01 305 294 8262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #