

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48116

1. Entity Name

WELLINGTON ROTARY SCHOLARSHIP FOUNDATION, INC.

Principal Place of Business

P.O. BOX 1243
LOXAHATCHEE FL 33470
US

Mailing Address

P.O. BOX 1243
LOXAHATCHEE FL 33470
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0410630

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

MORRO, ROBERT R
685 ROYAL PALM BEACH BLVD.
SUITE 205
ROYAL PALM BEACH FL 33411

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 ☐ Delete
NAME T
STREET ADDRESS FOUNTERS, C.L.
CITY-ST-ZIP 1929 CANTERBURY CIR.
WELLINGTON FL 33414

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS FOUNTAIN, C.L.
CITY-ST-ZIP SAME

TITLE ☐ Delete
NAME T
STREET ADDRESS RICHARDSON, ROBERT L
CITY-ST-ZIP 12850 FOREST HILL BOULEVARD
WELLINGTON FL 33414

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS SAME
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS FOTORNY, PAUL J
CITY-ST-ZIP 5050 10TH AVENUE NORTH, SUITE A
LAKE WORTH FL

TITLE ☐ Change ☒ Addition
NAME T
STREET ADDRESS TAYLOR, EDWIN T
CITY-ST-ZIP 12744 MEADOWBREEZE DR
WELLINGTON, FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

EDWIN T. TAYLOR

2-11-02 561-798-3375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)