

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N49761**

1. Entity Name

THE VERO BEACH ROTARY CHARITIES FOUNDATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2013
VERO BEACH FL 32960P.O. BOX 2013
VERO BEACH FL 32960

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

65-0416241

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

BRACKINS, A. J.
5240 - 20TH ST.
VERO BEACH FL 32960

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 \$61.259. 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
DP
SCHUMANN, JOHN J JR ☐ Delete
P O BOX 1268 N/A
VERO BEACH FL 32961TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
BARTON, KATHRYN ☐ Delete
P O BOX 2211 N/A
VERO BEACH FL 32961TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
ROSS, CARL ☒ Delete
700 CYPRESS RD
VERO BCH FL 32963TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
E. STEVEN LAUER ☐ Change ☒ Addition
3426 OCEAN Dr. OCEAN
VERO BEACH, FL 32963TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
NUGENT, JAMES ☐ Delete
1785 CORAL WAY N.
VERO BEACH FL 32963TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 J. Schumann***VERIFIED***Jan 20, 2002***FILED**
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90034 008 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)