

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000541

1. Entity Name

ROTARY CLUB OF PORT ST. LUCIE, BREAKFAST, FLORID

Principal Place of Business

P. O. BOX 7279
PORT ST. LUCIE FL 34985
US

Mailing Address

P. O. BOX 7279
PORT ST. LUCIE FL 34985
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 8586

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PORT St Lucie, FL

Zip

Country

Zip

Country

34985

St. Lucie

4. FEI Number

65-0353123

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

FRANK, BRITT W
3405 NW FEDERAL HIGHWAY
SUITE 104
JENSEN BEACH FL 34957

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

After September 13, 2000 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	SD CHRISTENSEN, PATRICIA	<input type="checkbox"/> Delete
STREET ADDRESS	1907 SW BURLINGTON ST.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984	
TITLE NAME	PD TOW, DAVID I	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	132 S.W. OAKRIDGE DR	
CITY-ST-ZIP	PORT ST. LUCIE-FL 34984	
TITLE NAME	TD BARTZ, LINDA	<input type="checkbox"/> Delete
STREET ADDRESS	1334 SW IRVING ST	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE NAME	VD SWANSON, DEBRA	<input type="checkbox"/> Delete
STREET ADDRESS	2042 SE HANFORD RD	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	VD Christensen, Patricia	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1907 SW Burlington St.	
CITY-ST-ZIP	Port St. Lucie, FL 34984	
TITLE NAME	SD BARTZ, LINDA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1334 SW Irving St.	
CITY-ST-ZIP	PORT ST LUCIE, FL 34983	
TITLE NAME	PD SWANSON, DEBRA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2042 SE Hanford Rd	
CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE NAME	TD JOSEPH MARTELLO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2642 S.E. HAMDEN ROAD	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

9-6-00

(561) 337-6113

Date

Daytime Phone #

CR2E037 (5/00)