

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

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90223 039 \*\*\*\*61.25

**DOCUMENT # N92000000541**

1. Entity Name

**ROTARY CLUB OF PORT ST. LUCIE, BREAKFAST, FLORID  
A. U.S.A., INC.**



Principal Place of Business

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

Mailing Address

**1907 SW BURLINGTON ST  
PORT ST. LUCIE FL 34984  
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 **65-0353123**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHRISTENSEN, PATRICIA  
1907 SW BURLINGTON ST  
PORT ST LUCIE FL 34984**

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 **DV** ☐ Delete  
NAME **HICKEY, TOM**  
STREET ADDRESS **2655 SE EMMETT RD**  
CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE **DP** ☒ Delete  
NAME **CHRISTENSEN, PATRICIA**  
STREET ADDRESS **1907 SW BURLINGTON ST**  
CITY-ST-ZIP **PORT ST LUCIE FL 34984**

TITLE **DTS** ☒ Delete  
NAME **COULON, SARAH**  
STREET ADDRESS **591 SW DUXBURY AVE**  
CITY-ST-ZIP **PORT ST LUCIE FL 34983**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT - D** ☒ Change ☐ Addition  
NAME **HICKEY, TOM**  
STREET ADDRESS **2655 SE EMMETT ROAD**  
CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE **VICE PRESIDENT - D** ☐ Change ☒ Addition  
NAME **JOE PRATTEN**  
STREET ADDRESS **11 GORDA WAY**  
CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE **SECRETARY/TREASURER - D** ☐ Change ☒ Addition  
NAME **STEVE KREMFOLZ**  
STREET ADDRESS **2257 SE ABERN ROAD**  
CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE ☐ Change ☐ Addition  
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 the 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**THOMAS M. HICKEY, PRESIDENT 1/15/03 772-334-6090**  
Date Daytime Phone #

CR2E037 (10/02)