# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 13, 2000 8:00 am**
**Secretary of State**
01-13-2000 90016 036 ****61.25

DOCUMENT # N95000002488

1. Entity Name

ROTARY CLUB OF LEHIGH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 9 BETH STACEY BLVD<br>STE 201<br>LEHIGH ACRES FL 33936 | PO BOX 803<br>LEHIGH ACRES FL 33970-0803 |

DO NOT WRITE IN THIS SPACE

| 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 59-1578293 ☐ 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 |
|---|---|
| VANHOOSE, H.A.<br>9 BETH STACEY BLVD<br>STE 201<br>LEHIGH ACRES FL 33936 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>VANHOOSE, HUGH<br>9 BETH STACEY BLVD<br>LEHIGH ACRES FL 33936 | ☐ Delete | PD<br>VANHOOSE, Hugh | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>OTT, CLARENCE<br>721 MICHAEL AVE<br>LEHIGH ACRES FL 33972 | ☐ Delete | SD<br>OTT, CLARENCE | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LOCKE, FREDERICK C<br>12070 SABAL DUNES LANE<br>FT MEYERS FL 33913 | ☐ Delete | TD<br>thomas R. WILLIAMS<br>909 E. BOUGAINVILLEA<br>LEHIGH ACRES, FL 33936 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BELL, BEN<br>300 THOMPSON<br>LEHIGH ACRES FL | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GORMAN, JAMES<br>105 MAPLE AVE S<br>LEHIGH ACRES FL 33936 | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FLETCHER, KAREN N<br>701 14TH ST., E<br>LEHIGH ACRES FL 33972 | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037-(9/99)

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:** Thomas R. Williams REQUIRED THOMAS R. WILLIAMS 1-6-2000 941-369-2291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #