

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002488

1. Entity Name

ROTARY CLUB OF LEHIGH, INC.

Principal Place of Business

9 BETH STACEY BLVD
STE 201
LEHIGH ACRES FL 33936

Mailing Address

PO BOX 603
LEHIGH ACRES FL 33970

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

VANHOOSE, H.A.
9 BETH STACEY BLVD
STE 201
LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent

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

TITLE NAME	PD VANHOOSE, HUGH	☐ Delete
STREET ADDRESS	9 BETH STACEY BLVD	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE NAME	ST OTT, CLARENCE	☐ Delete
STREET ADDRESS	721 MICHAEL AVE	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE NAME	D LOCKE, FREDERICK C	☐ Delete
STREET ADDRESS	12070 SABAL DUNES LANE	
CITY-ST-ZIP	FT MEYERS FL 33913	
TITLE NAME	PD BELL, BEN	☒ Delete
STREET ADDRESS	300 THOMPSON	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE NAME	TD WILLIAMS, THOMAS R	☒ Delete
STREET ADDRESS	909 E. BOUGAINVILLER	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE NAME	D FLETCHER, KAREN N	☒ Delete
STREET ADDRESS	701 14TH ST., E	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D	☒ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	V	☒ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	P/S	☒ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D CHARLES Hodde	☐ Change ☒ Addition
STREET ADDRESS	25 HOMESTEAD RD STE 29	
CITY-ST-ZIP	Lehigh Acres FL 33936	
TITLE NAME	T/O JACK Vealey	☐ Change ☒ Addition
STREET ADDRESS	311 LAKE AVE	
CITY-ST-ZIP	Lehigh Acres, FL 33972	
TITLE NAME	D ALLEN Humfleet	☐ Change ☒ Addition
STREET ADDRESS	711 LAKE AV. N.	
CITY-ST-ZIP	Lehigh Acres FL 33972	

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90054 041 ****61.25

702360



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)