

2002 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 803
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 J. Nathan Stout

Street Address (P.O. Box Number is Not Acceptable)

403 Joan Ave Suite D

City Lehigh Acres

FL

Zip Code 33971

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 D
NAME VANHOOSE, HUGH
STREET ADDRESS 9 BETH STACEY BLVD
CITY-ST-ZIP LEHIGH ACRES FL 33936 ☒ Delete

TITLE V
NAME OTT, CLARENCE
STREET ADDRESS 721 MICHAEL AVE
CITY-ST-ZIP LEHIGH ACRES FL 33972 ☐ Delete

TITLE PS
NAME LOCKE, FREDERICK C
STREET ADDRESS 12070 SABAL DUNES LANE
CITY-ST-ZIP FT MEYERS FL 33913 ☒ Delete

TITLE D
NAME HODDE, CHARLES
STREET ADDRESS 25 HOMESTEAD RD STE 29
CITY-ST-ZIP LEHIGH ACRES FL 33936 ☐ Delete

TITLE TD
NAME VEALEY, JACK
STREET ADDRESS 311 LAKE AVE.
CITY-ST-ZIP LEHIGH ACRES FL 33972 ☐ Delete

TITLE D
NAME HUMFLEET, ALLEN
STREET ADDRESS 711 LAKE AVE. N
CITY-ST-ZIP LEHIGH ACRES FL 33972 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~SECRETARY~~
NAME ~~SECRETARY~~
STREET ADDRESS ~~SECRETARY~~
CITY-ST-ZIP ~~SECRETARY~~ ☒ Change ☒ Addition

TITLE DIRECTOR
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P/D
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
PRESIDENT / DIRECTOR

TITLE DIRECTOR
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
SEE ATTACHED

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90080 031 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)