

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90010 007 ****61.25

DOCUMENT # N97000004667

1. Entity Name:

ROTARY CLUB OF BOCA RATON SUNRISE FOUNDATION, IN

Principal Place of Business

**400 N.E. THIRD AVENUE
 SUITE 600
 FT. LAUDERDALE FL 33301-1155**

Mailing Address

**400 N.E. THIRD AVENUE
 SUITE 600
 FT. LAUDERDALE FL 33301-1155**

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

65-0780118

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

**SCHNABEL, W.
 901 MCCLEARY STREET
 DELRAY BEACH FL 33483**

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

William W. Schnabel

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/01

**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 ☐ Delete
D ROWAN, ED
 STREET ADDRESS **100 N.E. 3RD AVENUE**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

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

TITLE NAME ☐ Delete
P SHARP, TIM
 STREET ADDRESS **1698 S.W. 7TH AVENUE**
 CITY-ST-ZIP **BOCA RATON FL 33486**

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

TITLE NAME ☐ Delete
D MACFARLAND, RICH
 STREET ADDRESS **2883 BANYAN BLVD. CIRCLE**
 CITY-ST-ZIP **BOCA RATON FL 33431**

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

TITLE NAME ☐ Delete
T SCHNABEL, W.
 STREET ADDRESS **901 MCCLEARY STREET**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

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

TITLE NAME ☐ Delete
D BARBIERI, FRANK
 STREET ADDRESS **21026 SHADY VISTA LANE**
 CITY-ST-ZIP **BOCA RATON FL 33428**

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01

561-789-3762

Date

Daytime Phone #

CR2E037 (10/00)