

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

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90065 019 ****70.00

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1. Entity Name

ROTARY CLUB OF BOCA RATON SUNRISE FOUNDATION, INC.



Principal Place of Business

**C/O W. SCHNAREL
901 MCLEARY STREET
DELRAY BEACH FL 33483**

Mailing Address

**C/O W. SCHNAREL
901 MCLEARY STREET
DELRAY BEACH FL 33483**

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 MCLEARY 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William W. Schnabel*

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

(NOTE: Registered Agent signature required when reinstating)

3/2/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **P** ☐ Change ☒ Addition
NAME **Debbie Manens**
STREET ADDRESS **841 Bultman Terrace**
CITY-ST-ZIP **BOCA RATON FL 33486**

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **STEVE ALMAN**
STREET ADDRESS **2363 N.W. 49th Lane**
CITY-ST-ZIP **BOCA RATON 33431**

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: *William W. Schnabel* *3/2/03* *561-789-3762*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)