FILED 2003 NOT-FOR-PROFIT CORPORATION Aug 25, 2003 8:00 am

Secretary of State

08-25-2003 90098 008 ****61.25

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N99000003498

1. Entity Name

changed, or on an attachment with an

SIGNATURE:

THE ROTARY CLUB OF BONITA SPRINGS-NOON FOUNDATIO N. INC.

7.15

Principal Place of Business Mailing Address P.O. BOX 1092 PO BOX 1989 BONITA SPRINGS FL 34133 **BONITA SPRINGS FL 34133** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3607602 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent CLASP INC. Street Address C/O CUMMINGS & LOCKWOOD 3001 TAMIAMI TRAIL NORTH NAPLES FL 34102 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be After September 10, 2003, min will be \$236.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD Addition TITLE □ Delete TITLE ☐ Change BALLO, DON NAME NAME 11680 BONITA BEACH ROAD SE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34134 VPD** TITLE Delete TITLE ☐ Change ☐ Addition SEACAT, SHEILA NAME NAME 3300 BONTIA BEACH ROAD SE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34134** ☐ Delete TITLE Change ☐ Addition TITLE GEHRKE, CHARLES R NAME NAME STREET ADDRESS STREET ADDRESS 24311 WALDEN CENTER DRIVE SUITE 201 CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34134** Change Addition TITLE ☐ Delete TITLE NAME ZICCARELLI, DAVID NAME STREET ADDRESS STREET ADDRESS P.O. BOX 1092 CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34133** Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 employered to execute his report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if