## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **700220** May 07, 2000 8:00 am 1. Entity Name Secretary of State THE KIWANIS CLUB OF DUNEDIN, INC 05-07-2000 90016 013 \*\*\*\*61.25 Principal Place of Business Mailing Address P O BOX 41 P O BOX 41 P.O. BOX 41 P.O. BOX 41 **DUNEDIN FL 34697-0041 DUNEDIN FL 34697** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-6168905 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee:Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GLEASON, LAURANCE A 2412 SUMMERWOOD CT **DUNEDIN FL 34698** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE Change TITLE ☐ Delete NANDRAM, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 3147 FIESTA DR CITY-ST-ZIP CITY-ST-7IP **DUNEDIN FL 34698** Change **X**Addition PPD Delete TITLE TITLE NAME BRAGG, THOMAS William Huettig NAME STREET ADDRESS STREET ADDRESS 3451"LAKE DRIVE 499 Hammock\_Drive CITY-ST-ZIP CITY-ST-7IP PALM HARBOR FL Palm Harbor, FL 34683 Change Addition ☐ Delete TITLE SD TITLE GLEASON, LAURANCE NAME NAME STREET ADDRESS STREET ADDRESS 2412 SUMMERWOOD CT CITY-ST-ZIP CITY-ST-ZIP Dunedin Fl □ Change **P**Addition ۷D TITI F VD TITLE Delete POE. STUART NAME NAME Sheila Deane STREET ADDRESS STREET ADDRESS 1808 LA GRANDE DR 2226 Snead Avenue CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** <u>Dunedin. FL 34698</u> ☐ Change ☐ Addition ☐ Delete TITLE KENNEDY, ALLAN NAME NAME STREET ADDRESS STREET ADDRESS 2419 SUMMERWOOD COURT CITY-ST-ZIP CITY-ST-ZIP DUNEDIN FL TITLE ☐ Delete PPD Change Addition NAME HARDIN, HENRY NAME STREET ADDRESS STREET ADDRESS 116 LAKE SHORE DR E CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684

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. LAURINGE A. G-LEASON

**SIGNATURE** 

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

april 24, 2000 727736.6918