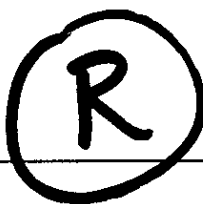


2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701962

1. Entity Name

THE KIWANIS CLUB OF VENICE INC



FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90210 008 ****61.75

Principal Place of Business

101 WEST VENICE AVE.
 STE. 10
 VENICE FL 34285

Mailing Address

101 WEST VENICE AVE.
 STE. 10
 VENICE FL 34285

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

59-6152218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRAMMELL, THOMAS B
 101 WEST VENICE AVE.
 STE. 10
 VENICE FL 34285

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

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

After September 13, 2000 min. will be \$236.25

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	PD	<input type="checkbox"/> Delete
NAME	FIELDS, THOMAS W	
STREET ADDRESS	6183 PALMER BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TRAMMELL, THOMAS B	
STREET ADDRESS	418 GULF ST.	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIEVERS, EDRISE	
STREET ADDRESS	1148 S CYPRESS POINT DR	
CITY-ST-ZIP	VENICE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	O'CONNELL, DONALD F	
STREET ADDRESS	PO BOX 1493	
CITY-ST-ZIP	VENICE FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HARTLEY, MICHAEL T	
STREET ADDRESS	520 VALENCIA RD.	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VANDERWULP, SHARON S	
STREET ADDRESS	1721 N. GONDOLA COURT	
CITY-ST-ZIP	VENICE FL	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald F. O'Connell	
STREET ADDRESS	PO Box 1493	
CITY-ST-ZIP	Venice, FL 34285-1493	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Stephan	
STREET ADDRESS	1707 Belvidere Rd.	
CITY-ST-ZIP	Englewood, FL 34223	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dale Carson	
STREET ADDRESS	564 Catalina Is. Cir.	
CITY-ST-ZIP	Venice, FL 34292	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)