

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701962

1. Entity Name

THE KIWANIS CLUB OF VENICE INC

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

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 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$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 STREET ADDRESS CITY-ST-ZIP	PD O'CONNELL, DONALD F P O BOX 1493 VENICE FL 34283-1493	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRAMMELL, THOMAS B 418 GULF ST. VENICE FL 34285	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STEPHAN, THOMAS 1707 BELVIDERE RD ENGLEWOOD FL 34223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARSON, DALE 564 CATALINA IS CIR VENICE FL 34292	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDERWULP, SHARON S 1721 N. GONDOLA COURT VENICE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARSON, DALE 564 CATALINA IS. CIR. VENICE FL 34292	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- SAME -	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY STEINER, ILENE 120 SHADEY PINE LANE NOKOMIS FL 34275	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEPHAN THOMAS 1707 BELVIDERE RD ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEVERS EDRISE 1148 S. CYPRESS PT. DR VENICE FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

THOMAS B TRAMMELL

THOMAS B TRAMMELL

1 SEP 01 941 485 8220

FILED

01 OCT 12 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2001

4. FEI Number 59-6152218

Applied For
Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

CR2E037 (5/01)