

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

0053498

**DOCUMENT # 701962**  
 1. Entity Name  
**THE KIWANIS CLUB OF VENICE INC**

03-31-2002 90357 048 \*\*\*\*61.25

Principal Place of Business <b>101 WEST VENICE AVE. STE. 10 VENICE FL 34285</b>	Mailing Address <b>101 WEST VENICE AVE. STE. 10 VENICE FL 34285</b>
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DO NOT WRITE IN THIS SPACE

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 <b>59-6152218</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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 Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME	PD CARSON, DALE	<input type="checkbox"/> Delete
STREET ADDRESS	564 CATALINA IS. CIR	
CITY-ST-ZIP	VENICE FL 34292	
TITLE NAME	TD TRAMMELL, THOMAS B	<input type="checkbox"/> Delete
STREET ADDRESS	418 GULF ST.	
CITY-ST-ZIP	VENICE FL 34285	
TITLE NAME	S STEINER, ILENE	<input type="checkbox"/> Delete
STREET ADDRESS	120 SHADEY PINE LANE	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE NAME	SD STEPHAN, THOMAS	<input type="checkbox"/> Delete
STREET ADDRESS	1707 BELVIDERE ROAD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE NAME	D SIEVERS, EDRISE	<input type="checkbox"/> Delete
STREET ADDRESS	1148 S. CYPRESS PT. DRIVE	
CITY-ST-ZIP	VENICE FL 34293	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D KARL HALLSTEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1432 SUSSEX RD.	
CITY-ST-ZIP	VENICE FL 34293	

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

**15 FEB 02** **941 485 8210**  
 Date Daytime Phone #

CR2E037 (9/01)