

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90077 018 \*\*\*\*61.25

**DOCUMENT # 702889**

1. Entity Name

**KIWANIS CLUB OF CAPITAL CITY, TALLAHASSEE, INC.**

Principal Place of Business

Mailing Address

**1300 TIMBERLANE ROAD  
TALLAHASSEE FL 32312**

**1300 TIMBERLANE ROAD  
TALLAHASSEE FL 32312**

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

**59-6168949**

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

**ANDERSON, EVERETT  
TIMBERLANE COMMONS  
1300 TIMBERLANE ROAD  
TALLAHASSEE FL 32312**

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**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WYLIE, JIM</b>	
STREET ADDRESS	<b>5359 PEMBRIDGE PL</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308-6803</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KEMPLE, GEORGE</b>	
STREET ADDRESS	<b>7891 BANDITS RUN</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>HENDERSON, ROBERT K</b>	
STREET ADDRESS	<b>2309 W MISSION RD A</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32304</b>	
TITLE	<b>(D)</b>	<input type="checkbox"/> Delete
NAME	<b>WALLER, MARCIA</b>	
STREET ADDRESS	<b>1921 HARRIET DRIVE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>EGGERS, RICK</b>	
STREET ADDRESS	<b>2208 EASTGATE WAY</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WELLS, DONNA</b>	
STREET ADDRESS	<b>1904-14 MICCOSUKEE RD</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Williams, Fred</b>	
STREET ADDRESS	<b>793 Litchfield Rd</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32312</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Thomas Morgan III</b>	
STREET ADDRESS	<b>2996 Renwick Cir, E</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32309</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Everett Anderson</b>	
STREET ADDRESS	<b>700 DuPac Circle</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32312</b>	
TITLE	<b>(V)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Paul Harris</b>	
STREET ADDRESS	<b>2391 Lancelot Dr</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>	
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:**

**ROBERT K. HENDERSON**

**2/5/02**

**850-575-6610**

CR2E037 (9/01)