

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90011 014 \*\*\*\*61.25

**DOCUMENT # 702998**

1. Entity Name

**FORT LAUDERDALE KIWANIS YOUTH FOUNDATION, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 1398  
 FT. LAUDERDALE FL 33302

P.O. BOX 1398  
 FT. LAUDERDALE FL 33302-1398

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

**59-0965240**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JORDAN, JOHN G.**  
**4367 N FREDERAL HWY**  
**SUITE 101**  
**FT. LAUD FL 33308**

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 NAME STREET ADDRESS CITY-ST-ZIP	D OLTMAN, JOHN H 915 MIDDLE RIVER DRIVE, STE 415 FT. LAUD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, KEN 910 E LAS OLAS BLVD FT. LAUD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOCK, DEBRA L 707 S W 3RD AVENUE, STE 100 FT LAUDERDALE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FUSSELL, CLYDE W 3640 N 46 AVE HOLLYWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, JAMES 2840 N OCEAN BLVD, #406 FT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEITER, JOEL L 1340 S OCEAN BLVD #1902 POMPANO BCH FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLEARY, RAY 1501 SW 1ST STREET FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PAZ, TOM 1313 SW 18TH COURT FORT LAUDERDALE, FL 33315	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEILAN, ALBERTO 2120 SW 52ND LAND PLANTATION, FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, JOHN G. 4367 N FEDERAL HWY., #101 FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Change <input checked="" 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:** *Clyde W. Fussell* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CLYDE W. FUSSELL** 4-22-00 (954) 961-7205

Date

Daytime Phone #

CR2E037 (9/99)

# 2000 UNIFORM BUSINESS REPORT (UBR)

00041987

**DOCUMENT** [REDACTED] **702998**  
 1. Entity Name **FORT LAUDERDALE KIWANIS YOUTH FOUNDATION, INC.**

PAGE 2 - ADDITIONAL DIRECTORS

**Principal Place of Business** **Mailing Address**  
 P.O. BOX 1398 P.O. BOX 1398  
 FT. LAUDERDALE FL 33302 FT. LAUDERDALE FL 33302-1398

**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** **59-1989437**  
 Applied For Not Applicable  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**JORDAN, JOHN G**  
**4367 N FEDERAL HWY**  
**SUITE 101**  
**FT. LAUDERDALE FL 33308**

**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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution. **Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BLOCK, DEBRA L	707 SW 3RD AVENUE, STE 100	FT LAUDERDALE FL	<input type="checkbox"/>
D	KENNEDY, KEN	910 E. LAS OLAS BLVD	FT. LAUD FL	<input type="checkbox"/>
TD	FUSSELL, CLYDE W	3640 N. 46 AVE.	HOLLYWOOD FL	<input type="checkbox"/>
SD	KEITER, JOEL L	1340 S OCEAN BLVD #1902	POMPANO BCH FL	<input type="checkbox"/>
D	OLTMAN, JOHN H	4367 N FEDERAL HWY, STE 101	FT. LAUDERDALE FL	<input type="checkbox"/>
PD	MARTIN, JAMES	2840 N OCEAN BLVD, #40	FT LAUDERDALE FL	<input type="checkbox"/>

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	FARRINGTON, CECIL	1995 E OAKLAND PARK BLVD.	OAKLAND PARK, FL 33306	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	PAPP, ARPAD	1625 SE 10TH AVENUE	FORT LAUDERDALE, FL 33316	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	WATERS, FRANK	7521 SW 15TH STREET	PLANTATION, FL 33315	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	STAMPER, S. SCOTT	1741 E TRAFALGER	HOLLYWOOD, FL 33020	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	RAYMOND, RONALD	1625 SE 10th AVENUE	FORT LAUDERDALE, FL 33316	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	KASHNER, JOSEPH	221 W TROPICAL WAY	PLANTATION, FL 33317	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #