

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703758

1. Entity Name

KIWANIS CLUB OF SEBRING, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1467
SEBRING FL 33871

P.O. BOX 1467
SEBRING FL 33871-1467

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

59-6168947

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

CRIVELLO, KATHLEEN
501 S. CRANE AVE.
SEBRING FL 33872

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 P
NAME OWENS, GRACE
STREET ADDRESS 841 FIELDER BLVD
CITY-ST-ZIP SEBRING FL 33870 ☐ Delete

TITLE John Tench
NAME
STREET ADDRESS 3900 US 27 North
CITY-ST-ZIP Sebring FL 33870 ☒ Change ☐ Addition

TITLE VP
NAME TENCH, JOHN
STREET ADDRESS 231 S. RIDGEWOOD DR
CITY-ST-ZIP SEBRING FL 33870 ☐ Delete

TITLE Jeff Carlson
NAME
STREET ADDRESS 3531 US 27 South
CITY-ST-ZIP Sebring FL 33870 ☒ Change ☐ Addition

TITLE D
NAME AVERY, DEBBIE
STREET ADDRESS 4328 DUNN AVE
CITY-ST-ZIP SEBRING FL 33870 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE TD
NAME MEHLING, JOHN
STREET ADDRESS 1606 BENZ TERRACE
CITY-ST-ZIP SEBRING FL ☐ Delete

TITLE Nellie Bair
NAME
STREET ADDRESS 3900 US 27 North
CITY-ST-ZIP Sebring FL 33870 ☒ Change ☐ Addition

TITLE SD
NAME CRIVELLO, KATHLEEN
STREET ADDRESS 501 S. CRANE AVE.
CITY-ST-ZIP SEBRING FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME CARLSON, JEFF
STREET ADDRESS 3531 US 27 S
CITY-ST-ZIP SEBRING FL 33870 ☐ Delete

TITLE Phillip Statler
NAME
STREET ADDRESS 3531 US 27 South
CITY-ST-ZIP Sebring FL 33870 ☐ Change ☐ 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:

Kathleen Crivello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2000

Date

863-385-4060

Daytime Phone #

00006701



DO NOT WRITE IN THIS SPACE