

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90038 036 ****61.25

DOCUMENT # 713465

1. Entity Name

KIWANIS CLUB OF WEST PASCO, NEW PORT RICHEY, FLO

Principal Place of Business

Mailing Address

6012 REDHAWK DR
 NEW PORT RICHEY FL 34655
 US

6012 REDHAWK DR
 NEW PORT RICHEY FL 34655-1144
 US

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

59-6214634

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

VOTINELLI, PAUL
7931 LEIGHTON CIRCLE
NEW PORT RICHEY FL 34654

Name
ED WEISS
 Street Address (P.O. Box Number is Not Acceptable)
6117 CALIBER Ct
 City
NEW PORT Richey FL Zip Code
34655

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 Keith R. Thibault Treasurer [Signature] 3-23-00
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	<input checked="" type="checkbox"/> Delete
NAME	VOTINELLI, PAUL	
STREET ADDRESS	7931 LEIGHTON CIRCLE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPENCELEY, HENRY	
STREET ADDRESS	12208 PEPPERMILL DR.	
CITY-ST-ZIP	BAYONET POINT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUFF, BILL	
STREET ADDRESS	1113 KAPOK CIRCLE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENN, ROBERT	
STREET ADDRESS	12438 LACEY DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	IMBURGIA, JOSEPH	
STREET ADDRESS	6507 SYCAMORE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARTSHORNE, WALTER	
STREET ADDRESS	6012 REDHAWK DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ED WEISS	
STREET ADDRESS	6117 CALIBER Ct.	
CITY-ST-ZIP	NEW PORT Richey, FL 34655	
TITLE	Treasurer (T)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keith Thibault	
STREET ADDRESS	5524 Manatee Point Dr	
CITY-ST-ZIP	NEW PORT Richey, FL 34652	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: [Signature] 3-23-00 727-842-3547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)