

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90081 029 \*\*\*\*61.25

**DOCUMENT # 722813**

1. Entity Name

**WEST BROWARD-PLANTATION KIWANIS FOUNDATION, INC.**

Principal Place of Business

Mailing Address

P. O. BOX 19125  
 PLANTATION FL 33318  
 US

P. O. BOX 19125  
 PLANTATION FL 33318-0125  
 US

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-7160768**

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

**SEIP, CHARLES F.**  
**4661 SW 128 AVE**  
**FT. LAUDERDALE FL 33330**

Name **JAMES T. MCGONIGLE**

Street Address (P.O. Box Number is Not Acceptable)  
**6221 BANYAN TR**

City **PLAN FL FL** Zip Code **33317**

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-17-00**

**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	D	<input checked="" type="checkbox"/> Delete
NAME	STONER, EUGENE	
STREET ADDRESS	4361 COUNTRY CLUB CR	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HAWKINS, TIMOTHY	
STREET ADDRESS	6800 PLANTATION RD	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODGERS, SAM	
STREET ADDRESS	2440 DEER CREEK CLUB DRIVE, C-203	
CITY-ST-ZIP	DEERFIELD FL 33442	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCGONIGLE, JAMES T	
STREET ADDRESS	6221 BANYON TERR	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RODWIN, DONALD	
STREET ADDRESS	9701 SEA TURTLE DR	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete

TITLE	PRES. - D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YABLONSKY ROBIN	
STREET ADDRESS	7500 SW 15 STREET	
CITY-ST-ZIP	PLAN FL 33317	
TITLE	V.P. D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, TIMOTHY	
STREET ADDRESS	6800 PLANTATION RD	
CITY-ST-ZIP	PLAN FL 33317	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARVIN GUITER	
STREET ADDRESS	1351 SW 69 AVE	
CITY-ST-ZIP	PLAN FL 33317	
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-20-00 954-583-661**

Date

Daytime Phone #

CF2E037 (9/99)