

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733997

1. Entity Name

KIWANIS CLUB OF PERRINE CUTLER RIDGE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90079 035 ****61.25

Principal Place of Business % YERBY BARKER, SECRETARY 10585 SW 109 COURT #202 MIAMI FL 33176	Mailing Address % YERBY BARKER, SECRETARY 10585 SW 109 COURT #202 MIAMI FL 33176-3309
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DO NOT WRITE IN THIS SPACE

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 59-6155095	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SMITH, RONALD A
 27230 S. DIXIE HWY.
 HOMESTEAD FL 33032

7. Name and Address of New Registered Agent

Name: **GEORGE M LUCAS**
 Street Address (P.O. Box Number is Not Acceptable): **13020 SW 82 TER**
 City: **MIAMI** FL Zip Code: **33183**

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: *George M Lucas* **GEORGE M LUCAS** DATE: **4/26/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARANGI, LEON <input checked="" type="checkbox"/> Delete 14055 SW 142 AVE. #40 MIAMI FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, RON <input checked="" type="checkbox"/> Delete 27230 S. DIXIE HWY. HOMESTEAD FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARKER, YERBY <input type="checkbox"/> Delete 10585 SW 109 COURT #202 MIAMI FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JEFFREY A CODALLO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8824 SW 176 TER MIAMI FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RONALD W SCOTT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9101 SW 201 ST MIAMI FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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	<input type="checkbox"/> Change <input 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: *George M Lucas* **GEORGE M LUCAS** DATE: **4/26/00** 305 595-1025
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (9/99)