2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State
01-19-2000 90269 032 ****61.25

DOCUMENT # 734606

1. Entity Name

KIWANIS CLUB OF MARGATE-COCONUT CREEK, FLORIDA,

Principal Place of Business	Mailing Address
C/O CARL CUMMIS 6100 WARANNE BLVD. MARGATE FL 33063	10980 LAKEFRONT PLACE BOCA RATON FL 33498-1690 US

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 23-7447288 ☐ 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
CUMMIS, CARL 10980 LAKEFRONT PLACE BOCA RATON FL 33498	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 CARL CUMMIS Carl Cummis 1/12/2000

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	PD CUMMIS, CARL 10980 LAKEFRONT PLACE BOCA RATON FL 33498	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SMITH, JAY 6727 NW 27th CT MARGATE, FL 33063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRUBOW, WARREN 7867 GOLF CIRCLE DRIVE MARGATE FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRISCH, ERIC 3201 PORTOFINO PT II APT D4 COCONUT CREEK,FL 33066	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHER, ALBERT 7837 GOLF CIR DR #203-E MAAGATE FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOBIN, JACK 7759 HIGHLAND CIRCLE MARGATE, FL 33063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TIERNAN, PETER 6361 NW 16th St MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROSS ARTHUR 160 NW 69th TERR MARGATE, FL 33063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BADER, ELIOT 6100 W. ATLANTIC BLVD MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALKER, HERBERT 7847 GOLF CIR DR APT D-106 MARGATE, FL ##)¢#	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIDNEY BAISE 7640 NW 18th ST APT 402 MARGATE,FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARREN, ALAN 7887 GOLF CIR DR APT 204-M MARGATE, FL 33063	☐ Change ☒ Addition

CR2E037 (9/99)

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: PETER TIERNAN PETER TIERNAN PRES. 1/12/00 (954) 975-7152

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