2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am **DOCUMENT # 736917** Secretary of State 1. Entity Name KIWANIS CLUB OF COUNTRYSIDE, CLEARWATER, FLORIDA 02-11-2002 90186 013 ****61.25 , INC. Principal Place of Business Mailing Address C/O CHARLES R. HILLEBOE C/O CHARLES R. HILLEBOE 2790 SUNSET POINT RD 2790 SUNSET POINT RD CLEARWATER FL 34619 CLEARWATER FL 34619 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1644320 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) HILLEBOE, CHARLES R. 2790 SUNSET POINT RD **CLEARWATER FL 34619** City 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (9/01) Change ☐ Addition TITLE ☐ Delete TITLE PALMISANOI MAILEL PALMISANO, DANIEL NAME NAME 2246 WARWICK AIR **CR2E037** STREET ADDRESS 2246 WARWICK DR STREET ADDRESS OLDSMAR, FL 34677-1952 CITY-ST-ZIP CITY-ST-ZIE OLDSMAR FL 34677-0033 TITLE X Oelete TITLE ☐ Change ☐ Addition GANT, NELDA NAME NAME STREET ADDRESS 2766 QUAIL HOLLOW RD W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33761 TITLE ☐ Delete ~ TITLE - Change ☐ Addition GREER, WILLIAM T. 769 RUSTI'C PAKS GREAR, WILLIAM T NAME NAME STREET ADDRESS 769 RUSTIC OAKS STREET ADDRESS PALM HARBOR, FL 34684 CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 Delete TITLE ☐ Change ☐ Addition TITLE NAME Luoma. Elmer NAME 1525 PLEASANT GROVE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL 34698** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition THOMPSON, DALE NAME NAME 1409 QUAIL DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE HARDIN, DIXIE NAME NAME 1101 VICTORIA DRIVE, #20 STREET ADDRESS STREET ADDRESS DUNEDIN, FL 3469B CITY-ST-ZIP

FILED

ORIGINAL SIGNATURE:

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 path that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by (hards the corporation or the receiver or trustee empowered to execute this report as required by (hards the corporation or the receiver or trustee empowered to execute this report as required by (hards the corporation of the corporation of the receiver or trustee) and the corporation of the receiver of trustee empowered to execute this report as required by (hards the corporation of the receiver or trustee) and the corporation of the receiver of the receiv

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2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WRITE IN	I THIS SPA	CE		
City & State			City		4. FEI Number 59-1644320				pplied For ot Applica			
Zip	Country		Žip			Country		5. Certificate of Status Desired			\$8.75 Additional Fee Required	
	6. Name	and Address of Curi	ent Registered	d Agent	Alama	7. Name and Address of New Registered Agent						
				•	Name	Name						
HILLEBOE, CHARLES R. 2790 SUNSET POINT RD					Street Address (P.O. Box Number is Not Acceptable)							
CLEARWATER FL 34619								 .	FL Zip Code			
8 The above	named entity	submits this statemen	nt for the purpo	se of changing its r	enistered office	or register	ed agent or both i	n the state of Florida				
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SIGNATURE .		or printed name of registered a	gent and title if appli	cable. (NOTE:	Registered Agent sign	ature required	when reinstating)		DATE			
	FILE NOW	FEE IS \$61.25	-2732	9. Election Cam			\$5.00 May Be		Check Pa			
				Trust Fund Co	ontribution.		Added to Fees	2002	rtment c			
10.	г	OFFICERS AND	DIRECTORS		11.		ADDITIONS/CHANG	SES TO OFFICERS A	ND DIREC	TORS IN		
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1	ertify that the	information supplied v	vith this filing de	es not qualify for the	I	ted in Sec	tion 119.07(3)(i), Fi	orida Statutes. I furth	er certify th	at the in	formation	

Thereby certify that the information supplied with this filling does not equally for the exemption stated in Section 119.07(3)(f), Fiorida Statutes. Figure 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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