

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90148 044 \*\*\*\*61.25

**DOCUMENT # 740135**

1. Entity Name

**KIWANIS CLUB OF SOUND-SIDE, HURLBURT FIELD, FLORIDA, INC.**

Principal Place of Business

Mailing Address

P O BOX 137  
 MARY ESTHER FL 32569

P O BOX 137  
 MARY ESTHER FL 32569

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

**59-0788761**

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

**LOVELAND, WILLIAM F**  
**942 HOLBROOK**  
**FT. WALTON BCH. FL 32548**

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 \_\_\_\_\_

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	VD WARD, DOROTHY	<input type="checkbox"/> Delete
STREET ADDRESS	130 OPP BLVD	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE NAME	S CWLLIEN, RUTH	<input type="checkbox"/> Delete
STREET ADDRESS	131 WYNNE HAVEN BEACH RD	
CITY-ST-ZIP	MAY ESTHER FL	
TITLE NAME	TD CULLEN, BILL	<input type="checkbox"/> Delete
STREET ADDRESS	131 WYNNE HAVEN RD.	
CITY-ST-ZIP	MARY ESTHER FL	
TITLE NAME	PD SCOTT, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	733 RODNEY STREET	
CITY-ST-ZIP	FT. WALTON BCH. FL	
TITLE NAME	D WILL, KEN	<input type="checkbox"/> Delete
STREET ADDRESS	43 SE BAY DRIVE	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: \_\_\_\_\_

*William F. Loveland*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Treasurer*

02-01-02 (850) 581-0306  
 Date Daytime Phone #

CR2E037 (9/01)

00020700



DO NOT WRITE IN THIS SPACE