

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

0016323

DOCUMENT # 749617

1. Entity Name

KIWANIS CLUB OF BONIFAY, FLORIDA

01-31-2001 90003 015 ****70.00

Principal Place of Business

P.O. BOX 264
BONIFAY FL 32425

Mailing Address

P.O. BOX 264
BONIFAY FL 32425

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

59-6153558

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENLEE, ROBERT
160 WEDGEWOOD DR.
BONIFAY FL 32425

7. Name and Address of New Registered Agent

Name

JAMES E JACOBS

Street Address (P.O. Box Number is Not Acceptable)

11 SON-IN-LAW ROAD

P.O. BOX 906 (FOR MAIL)

City

BONIFAY

FL

Zip Code

32425

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

James E. Jacobs

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

Jan 20, 2001

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

TITLE **D** ☐ Delete
NAME **SAPP, JAMES A**
STREET ADDRESS **1627 CLAYTON RD**
CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE **P** ☐ Delete
NAME **WELLS, TIM**
STREET ADDRESS **124 S. WANASHA**
CITY-ST-ZIP **BONIFAY FL 32425**

TITLE **ST** ☒ Delete
NAME **GREENLEE, ROBERT**
STREET ADDRESS **160 WEDGEWOOD DR.**
CITY-ST-ZIP **BONIFAY FL 32425**

TITLE **D** ☐ Delete
NAME **PARMER, STEPHEN**
STREET ADDRESS **608 MATHASHALE**
CITY-ST-ZIP **BONIFAY FL 32425**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition
NAME **RUSSEL W. WILLIAMS**
STREET ADDRESS **212 VARNER ST.**
CITY-ST-ZIP **BONIFAY, FL 32425**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

James E. Jacobs

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

1/20/01

Daytime Phone #

850-547-2579

CR2E037 (10/00)