

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90219 020 ****70.00

DOCUMENT # 761813

1. Entity Name

KIWANIS CLUB OF PABLO, JACKSONVILLE BEACHES, INC

Principal Place of Business

Mailing Address

1600 SHETTER AVE.
 JACKSONVILLE BCH. FL 32250
 US

P.O. BOX 50503
 JACKSONVILLE FL 32240-0503
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0245558

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GESSELL, LYMAN
95 ANCILLA CT.,
PONTE VEDRA BCH. FL 32082

Name **HAMILTON, SR. GEORGE K.**

Street Address (P.O. Box Number is Not Acceptable)
1412 PINWOOD ROAD

City **JACKSONVILLE BEACH FL** Zip Code **32250-2919**

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 K. Hamilton, Sr.*
GEORGE K. HAMILTON, SR. TREASURER **April 6, 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	<input type="checkbox"/> Delete
NAME	HAMILTON, GEORGE
STREET ADDRESS	1412 PINWOOD ROAD
CITY-ST-ZIP	JAX BEACH, FL 00000 32250
TITLE	<input checked="" type="checkbox"/> Delete
NAME	S KING, FRED H
STREET ADDRESS	600 PINE STREET
CITY-ST-ZIP	NEPTUNE BEACH FL 32266
TITLE	<input checked="" type="checkbox"/> Delete
NAME	P HILLIKER, DARRELL D
STREET ADDRESS	3793 UNION PACIFIC DRIVE EAST
CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	<input type="checkbox"/> Delete
NAME	D ZAZZARINO, EDWARD
STREET ADDRESS	1895 HICKORY LANE
CITY-ST-ZIP	ATLANTIC BEACH FL 32233
TITLE	<input checked="" type="checkbox"/> Delete
NAME	D FREER, PATRICIA
STREET ADDRESS	2100 DR. S. #5A
CITY-ST-ZIP	JAX BEACH FL 32250
TITLE	<input checked="" type="checkbox"/> Delete
NAME	D VAN WAGNER, BURT
STREET ADDRESS	1838 CARDINAL COURT
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P KING, FRED H
STREET ADDRESS	600 PINE STREET
CITY-ST-ZIP	NEPTUNE BEACH, FL. 32266
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S GESSELL, LYMAN E.
STREET ADDRESS	95 ANCILLA CT
CITY-ST-ZIP	PONTE VEDRA BCH FL 32250
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D THORNTON, GERTRAUDE L
STREET ADDRESS	39 FAIRWAY LANE
CITY-ST-ZIP	JACKSONVILLE, FL. 32250
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P-ELECT VAN WAGNER, BURT
STREET ADDRESS	1838 CARDINAL COURT
CITY-ST-ZIP	JACKSONVILLE BEACH, FL. 32250

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 K. Hamilton, Sr.*
GEORGE K. HAMILTON, SR (Treasurer) **4/6/00 (904) 246-0407**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)