

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10357

1. Entity Name

THE KIWANIS CLUB OF JACKSONVILLE

Principal Place of Business

1130 HOLLY LN  
JACKSONVILLE FL 32207

Mailing Address

1130 HOLLY LN  
JACKSONVILLE FL 32207-4007

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

59-1002454

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

PATTERSON, BOND & LATSHAW  
3010 S 3RD STREET  
JACKSONVILLE BEACH FL 32250

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 PD ☐ Delete  
NAME FOSTER, DAVID  
STREET ADDRESS 4505 BEACH BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE TD ☐ Delete  
NAME COLLINS, MICHAEL  
STREET ADDRESS 7752 SPINDLETREE CT.  
CITY-ST-ZIP JACKSONVILLE FL 32256

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

TITLE VD ☐ Delete  
NAME MULRENNAN, JOHN  
STREET ADDRESS 8523 GOLDENEYE LN  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE P/D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME LE FEVRE, RANDE  
STREET ADDRESS 1130 HOLLY LN  
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE VD ☐ Delete  
NAME GULLION, PHILLIP  
STREET ADDRESS 6004 BOWDEN DALE AVENUE  
CITY-ST-ZIP JAX FL 32216

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V/D ☐ Change ☒ Addition  
NAME STIMSON, LARRY  
STREET ADDRESS 10135 GATE PARKWAY #1901  
CITY-ST-ZIP JACKSONVILLE, FL 32246

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/00

904 350-4641

Daytime Phone #

CR2E037 (9/99)