

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90018 033 ****61.25

001116

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**

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 **D** ☒ Delete
 NAME **FOSTER, DAVID**
 STREET ADDRESS **4505 BEACH BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **VD** ☐ Change ☒ Addition
 NAME **JOHN MACLENNAN**
 STREET ADDRESS **PO BOX 53315**
 CITY-ST-ZIP **JAX FL 32201**

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

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

TITLE **VD** ☒ Delete
 NAME **STIMSON, LARRY**
 STREET ADDRESS **10135 GATE PKWY #1901**
 CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE **VD** ☐ Change ☒ Addition
 NAME **JARELL MARTIN**
 STREET ADDRESS **12290 DEER LN**
 CITY-ST-ZIP **JAX FL 32205**

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 REQUIRED
RANDE M. LEFEVRE

1/21/01 **904**
350-4641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)