

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01156

1. Entity Name

THE KIWANIS CLUB OF NEW SMYRNA BEACH, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90195 014 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 905
 NEW SMYRNA BEACH FL 32169

P.O. BOX 905
 NEW SMYRNA BEACH FL 32170-0905

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

59-2530302

Applied For

Not Applicable

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

GALIANO, ALFRED A.
 412 SCHOONER AVENUE
 EDGEWATER FL 32141

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 _____ (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	P	<input checked="" type="checkbox"/> Delete
NAME	THURLOW, ROBERT	
STREET ADDRESS	415 CANAL STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ALETTI, ADELE	
STREET ADDRESS	109 N. PENINSULA	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	V/D	<input checked="" type="checkbox"/> Delete
NAME	THURLOW, ROBERT	
STREET ADDRESS	2504 BELMONT AVENUE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	HODSON, DOUGLAS D.	
STREET ADDRESS	2802 HILL STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	GALIANO, A.A.	
STREET ADDRESS	412 SCHOONER AVE	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOSMAS, JAMES	
STREET ADDRESS	713 TIMBERLANE DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODSON, ADELE	
STREET ADDRESS	109 PENINSULA AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, FRED	
STREET ADDRESS	1226 WAYNE AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODRICH JR., CECIL	
STREET ADDRESS	501 HIDDEN PINES	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALIANO, ALFRED A.	
STREET ADDRESS	412 SCHOONER AVE	
CITY-ST-ZIP	EDGEWATER, FL 32141	
TITLE	T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODSON, DOUGLAS D.	
STREET ADDRESS	109 PENINSULA AVE.	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THURLOW, ROBERT	
STREET ADDRESS	2504 BELMONT AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	

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: Alfred A. Galiano ALFRED A. GALIANO 2/9/00 (904)426-5752
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)