

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03777

1. Entity Name

KIWANIS CLUB OF DAVIE, INC.

Principal Place of Business

3210 ROSEWOOD COURT
DAVIE FL 33328
US

Mailing Address

3210 ROSEWOOD COURT
DAVIE FL 33328-6758
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

33328

FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

33328

FL

33328

DAVIE

4. FEI Number

59-6168816

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAAS, MARY L
3210 ROSEWOOD COURT
DAVIE FL 33328

7. Name and Address of New Registered Agent

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 MARY L HAAS

(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

TITLE SD
NAME OLDHAM, ROBERT
STREET ADDRESS 3100 S.W. 133RD TERRACE
CITY-ST-ZIP DAVIE FL

☐ Delete

TITLE DT
NAME HAAS, MARY
STREET ADDRESS 3210 ROSEWOOD COURT
CITY-ST-ZIP DAVIE FL 33328

☐ Delete

TITLE D
NAME KOVAC, HARRY
STREET ADDRESS 2776 DAVIE RD.
CITY-ST-ZIP DAVIE FL 33314

☐ Delete

TITLE DP
NAME ARNOLD, WAYNE
STREET ADDRESS 13001 S.W. 14 PLACE
CITY-ST-ZIP DAVIE FL 33325

☐ Delete

TITLE VPD
NAME WACHTSTETTER, JAMES
STREET ADDRESS 5020 S.W. 7TH LANE
CITY-ST-ZIP DAVIE FL 33314

☐ Delete

TITLE D
NAME TAYLOR, HAROLD
STREET ADDRESS 2921 S.W. 116 AVENUE
CITY-ST-ZIP DAVIE FL 33330

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

Robert C. Oldham

Date

954-4751360

Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90201 030 ****61.25

601521



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)