2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23188 Feb 19, 2000 8:00 am 1. Entity Name Secretary of State THE KIWANIS CLUB OF LEESBURG FOUNDATION, INC. 02-19-2000 90001 017 ****61.25 オモの Principal Place of Business Mailing Address 1009 COTTONWOOD ST POBOX 491107 LEESBURG FL 34749-1107 PO BOX 208 LEESBURG FL 34748-4340 US. 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2858416 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TAYLOR, LAWRENCE E. HOWELL, TAYLOR AND DUGGAN, P.A. 1029 WEST MAGNOLIA STREET Zip Code LEESBURG FL 34748 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition ☐ Delete TITLE TITLE WALKER, JAMES M. NAME NAME 1009 COTTONWOOD ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL ☐ Addition TITLE ☐ Delete TITLE [] Change NAME TAYLOR, LAWRENCE E. STREET ADDRESS STREET ADDRESS 1029 W. MAGNOLIA ST. CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL -PPD ☐ Delete TITLE ☐ Change Addition TITLE COYNE, RICHARD T JR NAME NAME STREET ADDRESS STREET ADDRESS 8105 SILVER LAKE DR. CITY-ST-ZIP CITY-ST-7IP LEESBURG FL ☐ Change Addition TITI F ☐ Delete TITLE HARGROVE, HACK G NAME NAME 702 W. LINCOLN AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL 34748 ☐ Change ☐ Addition ☐ Delete TITLE TITLE STALLMAN, MICHAEL S NAME NAME 100 E WOODWARD ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL 34748 ☐ Change ☐ Addition TITLE Delete TITLE VEDDER, RONALD E NAME NAME STREET ADDRESS STREET ADDRESS 26913 FOREST HILLS

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 of an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

LEESBURG FL 34748

m. Walker 1/19/00 352-787-2395