

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90227 018 ****61.25

DOCUMENT # N35302
 1. Entity Name
KIWANIS CLUB OF FRIENDSHIP OF OCALA, INC.

Principal Place of Business 8375 SW HWY 200 COMMUNITY RM. 2ND FL OCALA FL 34481 US	Mailing Address PAUL SHAERER 9015 A SW 94TH ST OCALA FL 34481 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3078265	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 SHAERER, PAUL S
 9015 A SW 94TH ST
 OCALA FL 34481

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD HANSCOM, HENRY 8095 SW 116 TH LOOP OCALA FL 34481 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ASHTON, JIM 8236 SW 115 STREET OCALA FL 34481 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHAERER, PAUL S 9015 A SW 94TH ST OCALA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEYSER, BOB 7088 SW 115 LOOP OCALA FL 34481 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NORRIS, JIM 8094 S.W. 116TH LOOP OCALA FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGNEW, BOB 3016 SW 34 TERRACE OCALA FL 34474 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOB KEYSER 7088 S.W. 115TH LOOP OCALA, FL 34474 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROULE, JAMES 8019 S.W. 116TH LOOP OCALA, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORRIS, JIM 8094 S.W. 116TH LOOP OCALA, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREMewan, KEV 8016 S.W. 116TH LOOP OCALA, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: PAUL S. SHAERER 2-7-2001 873-3182
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

Attachment Doc# N35302
714433

ADDITIONAL DIRECTORS / OFFICERS

V.D.

BISHOP W.E.
77443 S.W. SR. 200
OCALA, FL.

D.

MAGEN, STAN
9097 S.W. 1ST. CIRCLE
OCALA, FL.

D.

VANDE VORDE, HUB.
11458 S.W. 78TH CIRCLE
OCALA, FL.

D.

WEISENFLUH, BILL
4535 S.W. 34TH PLACE
OCALA, FL.