## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N35302**

1. Entity Name

## KIWANIS CLUB OF FRIENDSHIP OF OCALA, INC.



## **FILED** Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90039 005 \*\*\*\*61.25

Principal Place of Business 8375 SW HWY 200 COMMUNITY RM. 2ND FL OCALA FL 34481 US 2. Principal Place of Business		ROBERT KE 7088 SW 115 OCALA FL 3 US	Mailing Address ROBERT KEYSER 7088 SW 115 LOOP OCALA FL 34476 US  3. Mailing Address							
	. Tidoo of Business	3. Mailing A	odress							
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & St	City & State			4. FEI Number 59-3078265 Applied For				
Zip	Country	Zip		Country	-	. Certificate of SI		\$8.75 A	Not Applicable dditional	
	6. Name and Address of Curre	ent Registered Age	ent				ress of New Register	Fee Requi		
				Name	)	. Ivanie and Add	ress of New Hegister	red Agent		
	r, robert f		Ctrops Add-			, , , , , , , , , , , , , , , , , , ,				
•	W 115 LOOP		Street Addre			dress (P.O. Box Number is Not Acceptable)				
OCALA	FL 34476							<del>-</del>	<u> </u>	
Ì				City	<del></del> -	<del></del>			<del>-</del>	
9 The abov	ro pomod entity automit district	<del></del>		] *			i	FL Zip Co		
the obliga	e named entity submits this statemen ations of registered agent.	t for the purpose of	changing its	registered office	or registered a	agent, or both, in	he State of Florida. I	am familiar with	, and accept	
,										
SIGNATURE										
	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE:	: Registered Agent sign	ature required when	reinstating)	DAT	TE		
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.			.00 May Be ded to Fees	Make Ch Florida Dep	eck Payable	to State	
10.	OFFICERS AND	DIRECTORS		T						
TITLE	OFFICERS AND DIRECTORS			11,	ADD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
NAME	KEYSER, BOB	L.,	Delete	TITLE NAME				Change	☐ Addition	
STREET ADDRESS	I .			STREET ADDRESS						
CITY-ST-ZIP	OCALA FL 34476			CITY-ST-ZIP						
TITLE	TRES		Delete	TITLE	<del>  -</del>	<del></del>				
NAME	HANSCOM, HENRY	_	501013	NAME	1			Change	Addition	
STREET ADDRESS - CITY-ST-ZIP	8075 SW 116 LOOP			STREET ADDRESS						
	OCALA FL 34481			CITY-ST-ZIP -	ميديد فياليس	دي د د د ي س <del>ديو</del>	<u> </u>			
TITLE NAME	ROULE, JAMES	X	Delete	TITLE	PRES		<del></del>	Change	Addition	
	8019 SW 116TH LOOP	•	•	NAME	W.B	BISHO		7, "		
CITY-ST-ZIP	OCALA FL			STREET ADDRESS CITY-ST-ZIP	774	3 SW	3,12,200 34476		i	
TITLE	D				OCA	LA, 7L.	34476			
NAME	NORRIS, JIM	ப	Delete	TITLE NAME				Change	☐ Addition	
STREET ADDRESS	8094 S.W. 116TH LOOP			STREET ADDRESS	i					
CITY-ST-ZIP	OCALA FL			CITY-ST-ZIP	}					
TITLE	D	П	Delete	TITLE	<del>                                     </del>	<del></del>	·			
NAME	TREMEWEN, KEN	_	- 5.5.0	NAME				☐ Change	☐ Addition	
STREET ADDRESS	8016 SW 116TH LOOP			STREET ADDRESS					•	
CITY-ST-ZIP	OCALA FL			CITY-ST-ZIP						
TITLE Name			Delete	TITLE		<u> </u>	<del></del>	☐ Change	☐ Addition	
STREET ADDRESS				NAME						
CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	!					

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 1