2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # **N36892**

1. Entity Name
DAYTONA BEACH KIWANIS FOUNDATION, INC.

Principal Place of Business	Mailing Address
6 RAINBOW FALLS DR	6 RAINBOW FALLS DR
ORMOND BEACH FL	ORMOND BEACH FL
32174 US	32174 US

2. Principal Place of Business	3. Mailing Address
601 BILL FRANCE BLVD	601 BILL FRANCE BLVD
Suite, Apt. #, etc. #1902	Suite, Apt. #, etc. #1902
City & State DAYTONA BEACH FL	City & State DAYTONA BEACH FL
Zip 32114 / Country US	Zip 32114 / Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number — [ ] Applied For [X] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOOMIS WILLIAM P	Name: HEALD RICHARD E
6 RAINBOW FALLS DR	Street Address (P.O. Box Number is Not Acceptable): 601 BILL FRANCE BLVD.
ORMOND BEACH FL	#1902
32174 US	City: DAYTONA BEACH FL Zip Code: 32114

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 **RICHARD E. HEALD** **04/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (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		[ ] Delete		TITLE	VD	[ ] Change	[X] Addition
NAME				NAME	STAMPER STEWART C		
STREET ADDRESS				STREET ADDRESS	140 S. ATLANTIC AVE		
CITY-ST-ZIP				CITY-ST-ZIP	ORMOND BEACH	FL	32176
TITLE		[ ] Delete		TITLE	VD	[ ] Change	[X] Addition
NAME				NAME	MCDERMOTT LARRY J		
STREET ADDRESS				STREET ADDRESS	5 TROPICAL LANE		
CITY-ST-ZIP				CITY-ST-ZIP	DAYTONA BEACH	FL	32118
TITLE	PD	[ ] Delete		TITLE	D	[X] Change	[ ] Addition
NAME	NEVIASER JULIUS S			NAME	NEVIASER JULIUS S		
STREET ADDRESS	222 OAK RIDGE BLVD -STE C			STREET ADDRESS	222 OAK RIDGE BLVD -STE C		
CITY-ST-ZIP	DAYTONA BEACH	FL	32114	CITY-ST-ZIP	DAYTONA BEACH	FL	32114
TITLE	VD	[ ] Delete		TITLE	PD	[X] Change	[ ] Addition
NAME	CAMPOS LOUCRETIA			NAME	ROSSI GEORGE C		
STREET ADDRESS	444 SEABREEZE BVD #600			STREET ADDRESS	220 RIO PINAR TRAIL		
CITY-ST-ZIP	DAYTONA BEACH	FL	32118	CITY-ST-ZIP	ORMOND BEACH	FL	32174
TITLE	TD	[ ] Delete		TITLE	TD	[X] Change	[ ] Addition
NAME	MANEK NANU			NAME	LEONARD DAVID G		
STREET ADDRESS	33 PEBBLE BCH DR			STREET ADDRESS	595 N. NOVA RD #1091		
CITY-ST-ZIP	ORMOND BEACH	FL	32174	CITY-ST-ZIP	ORMOND BEACH	FL	32174
TITLE	SD	[ ] Delete		TITLE	SD	[X] Change	[ ] Addition
NAME	LOOMIS, WILLIAM P.			NAME	HEALD RICHARD E		
STREET ADDRESS	6 RAINBOW FALLS DR			STREET ADDRESS	601 BILL FRANCE BLVD. #1902		
CITY-ST-ZIP	ORMOND BEACH	FL	32174	CITY-ST-ZIP	DAYTONA BEACH	FL	32114

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: Richard E. Heald SD 04/27/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/00)