

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38793

1. Entity Name

KIWANIS OF THE NATURE COAST, SPRING HILL, FLORID

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90262 036 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 3218
SPRING HILL FL 34611-3218
US

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SPRING HILL FL 34611-3218
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2982323

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NESSLER, PAUL J
4052 COMMERCIAL WAY
SUITE 4
SPRING HILL FL 34606

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

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

CR2E037 (9/99)

TITLE	SD	<input type="checkbox"/> Delete
NAME	CSUKA, MICHAEL	
STREET ADDRESS	13346 LACASITA AVE	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	PE	<input checked="" type="checkbox"/> Delete
NAME	DODGE, DOT	
STREET ADDRESS	3351 MANGROVE DR	
CITY-ST-ZIP	HERNANDO BCH FL 34607	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DODGE, BRUCE	
STREET ADDRESS	3351 MANGROVE DRIVE	
CITY-ST-ZIP	HERNANDO BEACH FL 34607	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, JIM	
STREET ADDRESS	10147	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MOORE, SCOTT	
STREET ADDRESS	1263 VENETIA DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ATEN, JIM	
STREET ADDRESS	1195 BATTERSEA AVENUE	
CITY-ST-ZIP	SPRING HILL FL 34609	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott Moore	
STREET ADDRESS	1263 Venetia Dr.	
CITY-ST-ZIP	Spring H.H. FL 34608	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dot Dodge	
STREET ADDRESS	3351 Mangrove Dr.	
CITY-ST-ZIP	Hernando Beach, FL 34607	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bru Koenig	
STREET ADDRESS	140 Oak Lake Dr	
CITY-ST-ZIP	Spring H.H. FL 34608	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Louise Harries	
STREET ADDRESS	4541 Golf Club Ln.	
CITY-ST-ZIP	Brooksville, FL 34609	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Aten	
STREET ADDRESS	197 Oak Lake Dr.	
CITY-ST-ZIP	Spring H.H. FL 34608	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-796-3588