

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2000 8:00 am**  
**Secretary of State**

02-10-2000 90037 044 \*\*\*\*61.25

**DOCUMENT # N41342**

1. Entity Name

**THE JUPITER-TEQUESTA KIWANIS FOUNDATION, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 4144  
 TEQUESTA FL 33469

P.O. BOX 4144  
 TEQUESTA FL 33469-1017

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0242960**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MALLORY, EARL K**  
**675 WEST INDIANTOWN ROAD**  
**SUITE 103**  
**JUPITER FL 33458**

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

TITLE **P**  Delete  
 NAME **PHILLIPS, MIKE**  
 STREET ADDRESS **17982 ANCHOR DR**  
 CITY-ST-ZIP **JUPITER FL 33458**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **MALLORY, EARL**  
 STREET ADDRESS **675 W INDIANTOWN RD #103**  
 CITY-ST-ZIP **JUPITER FL 33458**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP**  Delete  
 NAME **HAGER, DEBBIE**  
 STREET ADDRESS **431 JUPITER LAKES BLVD #211 B**  
 CITY-ST-ZIP **JUPITER FL 33458**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **PULLON, STEVE**  
 STREET ADDRESS **233 US 1 S**  
 CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **KELLI, TROTTA**  
 STREET ADDRESS **7 TRADWIND DIR**  
 CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **WINDMILL, DON**  
 STREET ADDRESS **3900 COUNTRY LINE RD**  
 CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE  Change  Addition  
 NAME  
 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 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 a name, or otherwise empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Earl K. Mallory, President 1-28-00*  
**561-743-3708**