

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90078 023 \*\*\*\*61.25

**DOCUMENT # N41342**  
 1. Entity Name  
**THE JUPITER-TEQUESTA KIWANIS FOUNDATION, INC.**

Principal Place of Business P.O. BOX 4144 TEQUESTA FL 33469	Mailing Address P.O. BOX 4144 TEQUESTA FL 33469
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0242960</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MALLORY, EARL K**  
**1907 COMMERCE LANE**  
**SUITE 104**  
**JUPITER FL 33458**

**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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	P	<input type="checkbox"/> Delete
NAME	<b>PULLON, STEVE</b>	
STREET ADDRESS	<b>24 STARBOARD WAY</b>	
CITY-ST-ZIP	<b>TEQUESTA FL 33469</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>MALLORY, EARL K</b>	
STREET ADDRESS	<b>1907 COMMERCE LANE STE 104</b>	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>HAGER, DEBBI</b>	
STREET ADDRESS	<b>431 JUPITER LAKES BLVD #211 B</b>	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>FUSARO, EUGENE</b>	
STREET ADDRESS	<b>16607 NARROWS DR</b>	
CITY-ST-ZIP	<b>JUPITER FL 33477</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>PHILLIPS, MICHAEL</b>	
STREET ADDRESS	<b>17982 ANCHOR DR.</b>	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>GRIVJACK, MARTIN</b>	
STREET ADDRESS	<b>17114 123 TERR N</b>	
CITY-ST-ZIP	<b>JUPITER FL 33478</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Pullon, Steve</b>	
STREET ADDRESS	<b>24 Starboard Way</b>	
CITY-ST-ZIP	<b>TEQUESTA, FL 33469</b>	
TITLE	Pres-Elect	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Bert Clattenberg</b>	
STREET ADDRESS	<b>16235 SE Ridgeview Dr</b>	
CITY-ST-ZIP	<b>TEQUESTA FL 33469</b>	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Hager, Debbi</b>	
STREET ADDRESS	<b>431 JUPITER LAKES BLVD 211B</b>	
CITY-ST-ZIP	<b>JUPITER, FL 33458</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: Debbi Hager 2/28/02 562743-3708  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)