

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N46353**

1. Entity Name

**KIWANIS CLUB OF BROOKSVILLE, INC.**

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90167 008 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 685  
 BROOKSVILLE FL 34605-0685

P.O. BOX 685  
 BROOKSVILLE FL 34605-0685

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6152216**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**EPPLEY, KENT**  
**111 NORTH MAIN STREET**  
**BROOKSVILLE FL 34601**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CARLTON, RICK</b>	
STREET ADDRESS	<b>609 ERIN WAY</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34601</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CARTER, ROYCE</b>	
STREET ADDRESS	<b>24164 WESTMINSTER COURT</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34601</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CASON,</b>	
STREET ADDRESS	<b>P.O. BOX 836</b>	
CITY-ST-ZIP	<b>BROOXVILLE FL 34605</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CLEAVELAND, BEN</b>	
STREET ADDRESS	<b>175 MOUNT FAIR AVE</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34607</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MARRERO, CARLOS</b>	
STREET ADDRESS	<b>523 COLONIAL DR</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34601</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HEINECKE, PHIL</b>	
STREET ADDRESS	<b>103 BELL AVE</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34601</b>	

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARRERO, CARLOS</b>	
STREET ADDRESS	<b>523 COLONIAL DR.</b>	
CITY-ST-ZIP	<b>BROOKSVILLE, FL 34601</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HELM, STEVEN</b>	
STREET ADDRESS	<b>645 POINTE DE LEON BLVD</b>	
CITY-ST-ZIP	<b>BROOKSVILLE, FL 34601</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MIXSON, CHARLES</b>	
STREET ADDRESS	<b>51 LARK AVE.</b>	
CITY-ST-ZIP	<b>BROOKSVILLE, FL 34601</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GOLDBSTEIN, MARC</b>	
STREET ADDRESS	<b>18 N. BROAD ST.</b>	
CITY-ST-ZIP	<b>BROOKSVILLE, FL 34601</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DRAPER, ROBERT</b>	
STREET ADDRESS	<b>10195 THAYER ST.</b>	
CITY-ST-ZIP	<b>BROOKSVILLE, FL 34601</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DEPE, TOM</b>	
STREET ADDRESS	<b>123 N. MAIN ST</b>	
CITY-ST-ZIP	<b>BROOKSVILLE, FL 34601</b>	

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: **CARLOS MARRERO, PRESIDENT**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00

Date

352-799-6444

Daytime Phone #

CR2E037 (9/99)