

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90048 026 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N46353**

1. Entity Name  
**KIWANIS CLUB OF BROOKSVILLE, INC.**

Principal Place of Business Mailing Address  
P.O. BOX 685 P.O. BOX 685  
BROOKSVILLE FL 34605-0685 BROOKSVILLE FL 34605-0685

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 **59-6152216** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**EPPLEY, KENT**  
**111 NORTH MAIN STREET**  
**BROOKSVILLE FL 34601**

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	V	<input checked="" type="checkbox"/> Delete
NAME	HELM, STEVEN	
STREET ADDRESS	345 PONCE DE LEON BLVD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	V	<input type="checkbox"/> Delete
NAME	MIXSON, CHARLES	
STREET ADDRESS	51 LARK AVENUE	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GOLDSTEIN, MARC	
STREET ADDRESS	18 N. BROAD ST	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DRAPER, ROBERT	
STREET ADDRESS	10195 THATER ST	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MARRERO, CARLOS	
STREET ADDRESS	523 COLONIAL DR	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEPE, TOM	
STREET ADDRESS	123 N MAIN ST	
CITY-ST-ZIP	BROOKSVILLE FL 34601	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELM, STEVEN	
STREET ADDRESS	345 PONCE DE LEON BLVD	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	G	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILSTEIN, MARC	
STREET ADDRESS	18 N BROAD ST	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAPER, ROBERT	
STREET ADDRESS	10195 THAYER ST	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYRON, PEYTON	
STREET ADDRESS	P.O. BOX 1776	
CITY-ST-ZIP	BROOKSVILLE FL 34605-1776	
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:** Signature Required 1/8/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)