

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90154 048 ****61.25

DOCUMENT # N48705

1. Entity Name
KIWANIS CLUB OF MIAMI, FLORIDA, INC.

Principal Place of Business Mailing Address
ROD & REEL CLUB P.O. BOX 330823
208 S. HIBISCUS ISLAND MIAMI FL 33233
MIAMI FL 33139
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1900 BISCAYNE BLVD
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
MIAMI FL **MIAMI FL** **59-0320115** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33137-4532 MIAMI-DADE

6. Name and Address of Current Registered Agent
MARCH, DONALD F
7515 SW 31ST STREET
MIAMI FL 33155

7. Name and Address of New Registered Agent
 Name **GLEN E. SMITH**
 Street Address (P.O. Box Number is Not Acceptable)
8340 SW 141 ST
 City **MIAMI FL** Zip Code **33158**

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 **7/29/00**
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
After September 13, 2000 min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete FEINBERG, DYANNE E 620 ALHAMBRA CIRCLE CORAL GABLES FL 33134-3705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P TETZELI, JOHN P 6981 S.W. 59TH STREET MIAMI FL 33143-1829
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete T LEATHERS, ROBERT A 2501 SW 9TH AVENUE MIAMI FL 33129-2222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D MAZZARELLA, JOHN R JR. 1900 BISCAYNE BLVD MIAMI FL 33137-4532
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete V SMITH, GLEN E 9200 SOUTH DADELAND BOULEVARD, #110 MIAMI FL 33156-2703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D PERRY, JAMES F 7300 N. KENDALL DR. #519 MIAMI FL 33156

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V/D CAMERON, BILLY 7305 SW 123RD TERRACE MIAMI FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S/D BLUES, LINDA J. 15306 SW 88TH AVENUE MIAMI FL 33157-2015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T/D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P/D 9990 SW 77TH AVENUE #217 MIAMI, FL 33156-2660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another I am empowered.

SIGNATURE: DATE **7/29/00** DAYTIME PHONE # **305 279 0606**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR