

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 05-01-2001 90075 018 *****61.25

0068243

DOCUMENT # N49772

1. Entity Name

FORT MYERS KIWANIS CLUB, INCORPORATED

Principal Place of Business

THE KIWANIS HOUSE
 1630 WOODFORD AVE.
 FT. MYERS FL 33901
 US

Mailing Address

POST OFFICE BOX 1498
 FORT MYERS FL 33902

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

59-6134241

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANGGUTH, GEORGE
 5545 BENCHMARK LANE
 SANFORD FL 32773-8116

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 ☒ ~~VP~~ ☐ Delete
 NAME CUTSHALL, STEPHANIE
 STREET ADDRESS 2845 JAIL BLVD
 CITY-ST-ZIP ALVA FL 33920

TITLE ☐ ~~P~~ ☐ Change ☐ Addition
 NAME *Correct*
 STREET ADDRESS 2845 JOEL BLVD
 CITY-ST-ZIP

TITLE ☒ ~~C~~ ☐ Delete
 NAME VANCE, BRADLEY S
 STREET ADDRESS 26470 BAY ROAD
 CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☒ ~~T~~ ☐ Change ☐ Addition
 NAME LONGMAN, ALVIN C.
 STREET ADDRESS 2665 MCGREGOR BLVD.
 CITY-ST-ZIP FORT MYERS, FL 33901

TITLE ☐ ~~S~~ ☐ Delete
 NAME ANDREWS, JEFFREY L
 STREET ADDRESS 1207 SW 53RD ST
 CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ ~~VP~~ ☐ Change ☐ Addition
 NAME *Correct*
 STREET ADDRESS 33914
 CITY-ST-ZIP

TITLE ☒ ~~D~~ ☐ Delete
 NAME EDENFIELD, RONALD M
 STREET ADDRESS 7381 MONARCH LN
 CITY-ST-ZIP FORT MYERS FL 33912

TITLE ☒ ~~VP~~ ☐ Change ☐ Addition
 NAME UNDERBERG, ROBERT
 STREET ADDRESS 1406 SANDRA DR.
 CITY-ST-ZIP FORT MYERS, FL 33901

TITLE ☐ ~~D~~ ☐ Delete
 NAME MALT, DAVID
 STREET ADDRESS 5606 SOLERA CT
 CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☐ ~~D~~ ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ ~~D~~ ☐ Delete
 NAME SWETT, H ANDY
 STREET ADDRESS 1546 BEECHWOOD TR
 CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☐ ~~D~~ ☐ Change ☐ Addition
 NAME *Correct*
 STREET ADDRESS 1546 BEECHWOOD TR
 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: *Alvin C. Longman* ALVIN C. LONGMAN 4-25-01, (941) 936-4621
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)