

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90197 021 ****61.25

DOCUMENT # N50977

1. Entity Name

KIWANIS CLUB OF PROGRESSIVE SARASOTA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
200 S ORANGE AVE SARASOTA FL 34236	200 E ORANGE AVE SARASOTA FL 34236 US

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

4. FEI Number	Applied For
65-0340815	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOORE, JOHN L. 200 S. ORANGE AVE. 1550 RINGLING BLVD. SARASOTA FL 34236	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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME P WILDS, CINDY STREET ADDRESS 2328 N WASHINGTON BLVD CITY-ST-ZIP SARASOTA FL	<input type="checkbox"/> Delete	TITLE NAME D Wilds, Cindy STREET ADDRESS 2328 N Washington Blvd CITY-ST-ZIP SARASOTA FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D SADLO, WILLIAM STREET ADDRESS 3100 FRUITVILLE RD CITY-ST-ZIP SARASOTA FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME PE TRAMMELL, LYNN STREET ADDRESS 4035 S SCHOOL AVE #A8 CITY-ST-ZIP SARASOTA FL 34231	<input type="checkbox"/> Delete	TITLE NAME D Trammell, Lynn STREET ADDRESS 4035 S. Schoole Ave #A8 CITY-ST-ZIP Sarasota FL 34231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D MENCHINGER, THOMAS A. STREET ADDRESS 4316 ARDALE ST CITY-ST-ZIP SARASOTA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D MOORE, JOHN L. STREET ADDRESS 200 S. ORANGE AVE. CITY-ST-ZIP SARASOTA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D COLLUMS, KATHY STREET ADDRESS 4541 CHAVING CROSS RD CITY-ST-ZIP SARASOTA FL 34231	<input type="checkbox"/> Delete	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 all other like empowered.

SIGNATURE: **John L. Moore** 7/26/00 941-329-6620

CR2E037 (9/99)