

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003712

1. Entity Name

BROOKSVILLE KIWANIS CLUB FOUNDATION, INC.

**FILED**  
**Feb 10, 2000 8:00 am**  
**Secretary of State**

02-10-2000 90017 021 \*\*\*\*61.25

Principal Place of Business

Mailing Address

111 NORTH MAIN STREET  
BROOKSVILLE FL 34601

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

59-3203940

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TAYLOR, MARK C  
13209 OLD CRYSTAL ROVER ROAD  
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 ☐ Delete  
NAME P  
STREET ADDRESS DEEN, TOM  
CITY-ST-ZIP 16051 LINGLE RD P O BOX 40  
ISTACHATTA FL 34636

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

TITLE ☒ Delete  
NAME T  
STREET ADDRESS BROWNING, TOM  
CITY-ST-ZIP 3 NORTH MAIN ST  
BROOKSVILLE FL 34601

TITLE ☒ Change ☐ Addition  
NAME Treasurer  
STREET ADDRESS Ben Cleveland  
CITY-ST-ZIP 175 Mt. Fair Avenue  
Brooksville, FL 34601

TITLE ☒ Delete  
NAME S  
STREET ADDRESS HELM, STEVE  
CITY-ST-ZIP 645 PONCE DE LEON  
BROOKSVILLE FL 34601

TITLE ☒ Change ☐ Addition  
NAME Secretary  
STREET ADDRESS Dianne Waldron  
CITY-ST-ZIP 19259 Carter Blvd.  
Brooksville, FL 34601

TITLE ☒ Delete  
NAME D  
STREET ADDRESS CLEVELAND, BEN  
CITY-ST-ZIP 175 MT FAIR AVE  
BROOKSVILLE FL 34601

TITLE ☒ Change ☐ Addition  
NAME Director  
STREET ADDRESS Charles Booth  
CITY-ST-ZIP P.O. Box 1016  
Brooksville, FL 34605

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KRASEMAN, ALAN  
CITY-ST-ZIP 3389 RACKLEY RD  
BROOKSVILLE FL 34609

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

TITLE ☒ Delete  
NAME D  
STREET ADDRESS MARRERO, CARLOS  
CITY-ST-ZIP 523 COLONIAL DR  
BROOKSVILLE FL 34601

TITLE ☒ Change ☐ Addition  
NAME Director  
STREET ADDRESS John Flook  
CITY-ST-ZIP 1190 S. Broad St.  
Brooksville, FL 34601

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:

*BEN CLEVELAND*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-00

352-754-8676

Date

Daytime Phone #