

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

08-02-2000 90154 050 \*\*\*\*61.25

DOCUMENT # N94000001037

1. Entity Name

MIAMI KIWANIS YOUTH FOUNDATION, INC. ✓

Principal Place of Business

Mailing Address

ROD & REEL CLUB  
 208 S. HIBISCUS ISLAND  
 MIAMI FL 33139  
 US

P.O. BOX 330823  
 MIAMI FL 33233-0823

A0070651



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0992992

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

33137-4532 MIAMI - FL

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARCH, DONALD F  
 7515 SW 31 STREET  
 MIAMI FL 33155

Name

GLEN R. SMITH

Street Address (P.O. Box Number is Not Acceptable)

8340 SW 141 STREET

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/29/00

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 P  Delete  
 NAME TETZELI, JOHN P  
 STREET ADDRESS 6981 S.W. 59TH STREET  
 CITY-ST-ZIP MIAMI FL 33143-1829

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

TITLE D  Delete  
 NAME MAZZARELLA, JOHN R  
 STREET ADDRESS 1900 BISCAYNE BLVD  
 CITY-ST-ZIP MIAMI FL 33137-4532

TITLE T/D  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME FEINBERG, DYANNE E  
 STREET ADDRESS 620 ALHAMBRA CIRCLE  
 CITY-ST-ZIP CORAL GABLES FL 33134-3705

TITLE V/D  Change  Addition  
 NAME CAMERON, BILLY  
 STREET ADDRESS 7305 SW 123rd TERRACE  
 CITY-ST-ZIP MIAMI, FL 33156

TITLE T  Delete  
 NAME LEATHERS, ROBERT A  
 STREET ADDRESS 2501 SW 9 AVE  
 CITY-ST-ZIP MIAMI FL 33129-2222

TITLE S/D  Change  Addition  
 NAME BLUE, LINDA J.  
 STREET ADDRESS 15300 S.W. 88th AVENUE  
 CITY-ST-ZIP MIAMI FL 33157-2015

TITLE V  Delete  
 NAME SMITH, GLEN E  
 STREET ADDRESS 8340 SW 141 ST.  
 CITY-ST-ZIP MIAMI FL 33156-2703

TITLE P/D  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP MIAMI, FL 33158-1043

TITLE D  Delete  
 NAME PERRY, JAMES F  
 STREET ADDRESS 7300 N. KENDALL DR. #519  
 CITY-ST-ZIP MIAMI FL 33156

TITLE  
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLEN R. SMITH, PRES

Date

7/29/00

Daytime Phone #

305 279 0606

15 037 (9)