

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90113 035 ****61.25

DOCUMENT # N94000002684

1. Entity Name

KIWANIS CLUB OF BELLEVIEW, INC.

Principal Place of Business

Mailing Address

**9080 SE 154 LN
 SUMMERFIELD FL 34491
 US**

**9080 SE 154 LN
 SUMMERFIELD FL 34491
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3253878

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

**CALERO, ANN
 9080 SE 154 LN
 SUMMERFIELD FL 34491**

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

Ann Calero

4-12-02

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	P	<input checked="" type="checkbox"/> Delete
NAME	KITZMILLER, DAWN	
STREET ADDRESS	P O BOX 638	
CITY-ST-ZIP	BELLEVIEW FL 34421	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PORCELLI, CLAUDIA	
STREET ADDRESS	10715 US HWY 441	
CITY-ST-ZIP	BELLEVIEW FL 34420	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAINSTW, MARIE	
STREET ADDRESS	5520 SE 113TH ST	
CITY-ST-ZIP	BELLEVIEW FL 34420	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAINSTOW, STEVE	
STREET ADDRESS	5520 SE 113TH ST	
CITY-ST-ZIP	BELLEVIEW FL 34420	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAXEY, WARNELL	
STREET ADDRESS	3351 SE 73 ST	
CITY-ST-ZIP	OCALA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CALERO, ANN	
STREET ADDRESS	9080 SE 154 LANE	
CITY-ST-ZIP	SUMMERFIELD FL 34491	

TITLE	Fr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark Niznik	
STREET ADDRESS	5245 SE 112 St	
CITY-ST-ZIP	Belleview FL 34420	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debbie Niznik	
STREET ADDRESS	511 CR 466 #32	
CITY-ST-ZIP	Lady Lake FL 32159	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pat Biel	
STREET ADDRESS	11335 SE 54 Ave	
CITY-ST-ZIP	Belleview FL 34420	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeff Stewart	
STREET ADDRESS	344 Oak Tr Course	
CITY-ST-ZIP	Ocala FL 34472	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Ann Calero **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-02

Date

3522457036

Daytime Phone #

CR2E037 (9/01)