


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90974 028 \*\*\*\*61.25

**DOCUMENT # N94000002684**

1. Entity Name  
**KIWANIS CLUB OF BELLEVIEW, INC.**



Principal Place of Business  
**9080 SE 154 LN  
SUMMERFIELD FL 34491  
US**

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**14270 SE 93 Ct**  
Suite, Apt. #, etc.

City & State  
**Summerfield FL**

Zip  
**34491** Country  
**USA**

4. FEI Number **59-3253878** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CALERO, ANN  
9080 SE 154 LN  
SUMMERFIELD FL 34491**

7. Name and Address of New Registered Agent  
Name: **Ann Calero**  
Street Address (P.O. Box Number is Not Acceptable): **14270 SE 93 Ct**  
City: **Summerfield FL** Zip Code: **34491**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **Ann Calero** (NOTE: Registered Agent signature required when reinstating) DATE: **4-4-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	FR <b>NIZNIK, MARK</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>5245 SE 112 STREET</b>	
CITY-ST-ZIP	<b>BELLEVIEW FL 34420</b>	
TITLE NAME	T <b>NIZNIK, DEBBIE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>511 CR 466 #32</b>	
CITY-ST-ZIP	<b>LADY LAKE FL 32159</b>	
TITLE NAME	D <b>BIEL, PAT</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>11335 SE 54 AVENUE</b>	
CITY-ST-ZIP	<b>BELLEVIEW FL 34420</b>	
TITLE NAME	D <b>STEWART, JEFF</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>344 OAK TR COURSE</b>	
CITY-ST-ZIP	<b>OCALA FL 34472</b>	
TITLE NAME	D <b>MAXEY, WARNELL</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>3351 SE 73 ST</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE NAME	S <b>CALERO, ANN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>9080 SE 154 LANE</b>	
CITY-ST-ZIP	<b>SUMMERFIELD FL 34491</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>Jodi Hightower</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>PO Box 4136</b>	
CITY-ST-ZIP	<b>Belleview FL 34421</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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** SIGNATURE REQUIRED **Ann Calero 4-4-03 3522452036**

CR2E037 (10/02)