

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000281

1. Entity Name

KIWANIS CLUB OF CHIEFLAND, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90082 034 \*\*\*\*61.25

Principal Place of Business

Mailing Address

PO BOX 1310  
 CHIEFLND FL 32626

PO BOX 1310  
 CHIEFLAND FL 32644-1310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3292358

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEAUCHAMP, W O III  
 19 NE 3RD STREET  
 CHIEFLND FL 32626

Name

Emory Sullivan

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

2012 North Young Blvd.

City

Chiefland, FL 32644

FL

Zip Code  
 32626

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

Emory Sullivan

1/25/00

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 PD  Delete  
 NAME SANDERS, TAMMY  
 STREET ADDRESS P.O. BOX 2147  
 CITY-ST-ZIP CHIEFLND FL 32644

TITLE PD  Change  Addition  
 NAME Sullivan, Emory  
 STREET ADDRESS P.O. Box 1082  
 CITY-ST-ZIP Inglis, FL 34449

TITLE VPD  Delete  
 NAME BEAUCHAMP, W O III  
 STREET ADDRESS 111TH NW LANE  
 CITY-ST-ZIP CHIEFLND FL

TITLE VPD  Change  Addition  
 NAME Judd, Danielle  
 STREET ADDRESS P.O. Box 705  
 CITY-ST-ZIP Chiefland, FL 32644

TITLE SD  Delete  
 NAME RADAR, SANDA  
 STREET ADDRESS P.O. BOX 1172  
 CITY-ST-ZIP CHIEFLND FL 32644

TITLE SD  Change  Addition  
 NAME Geiger, Bertha  
 STREET ADDRESS P.O. Box 1827  
 CITY-ST-ZIP Chiefland, FL 32644

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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

Emory Sullivan, PD

352-493-2571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)