

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90080 037 ****61.25

DOCUMENT # N95000000281

1. Entity Name

KIWANIS CLUB OF CHIEFLAND, INC.

Principal Place of Business

Mailing Address

PO BOX 1310
 CHIEFLAND FL 32626

PO BOX 1310
 CHIEFLAND FL 32626

00010611



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

59-3292358

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

SULLIVAN, EMORY
2012 N. YOUNG BLVD.
CHIEFLAND FL 32626

Name **Berta Geiger**

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

25 SE 3rd Street

City **Chiefland, FL**

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 *Berta Geiger*

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 NAME	PD SULLIVAN, EMORY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	P. O. BOX 1082	
CITY-ST-ZIP	INGLIS FL 34449	
TITLE NAME	VPD JUDD, DANIELLE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	P. O. BOX 705	
CITY-ST-ZIP	CHIEFLAND FL 32644	
TITLE NAME	SD GEIGER, BERTHA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	P. O. BOX 1827	
CITY-ST-ZIP	CHIEFLAND FL 32644	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	PD Berta Geiger	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. Box 1857	
CITY-ST-ZIP	Chiefland, FL 32644	
TITLE NAME	VPD Nancy Westbury	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. Box 1640	
CITY-ST-ZIP	Chiefland, FL 32644	
TITLE NAME	SD Cynthia K. Moyer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. Box 481	
CITY-ST-ZIP	Chiefland, FL 32644	
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		

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: *SULLIVAN, EMORY*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01

352-493-4021

Date

Daytime Phone #

CR2E037 (10/00)