

**UNIFORM BUSINESS REPORT**

DOCUMENT # **N95000000281**

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

02-03-2002 90023 034 \*\*\*\*61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3292358**

Applied For

Not Applicable

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

**GEIGER, BERTA**  
**25 SE 3RD ST**  
**CHIEFLAND FL 32628**

Name

**Leaptrot, Jewett**

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

**1301 North Young Blvd.**

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

*Jewett C. Leaptrot*

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  
 NAME: **GEIGER, BERTA**  
 STREET ADDRESS: **PO BOX 1857**  
 CITY-ST-ZIP: **CHIEFLAND FL 32644**  
 Delete

TITLE: PD  
 NAME: **LEAPTROT, JEWETT**  
 STREET ADDRESS: **P.O. Box 1426**  
 CITY-ST-ZIP: **Chiefland, FL 32644**  
 Change  Addition

TITLE: VPD  
 NAME: **WESTBURY, NANCY**  
 STREET ADDRESS: **PO BOX 1640**  
 CITY-ST-ZIP: **CHIEFLAND FL 32644**  
 Delete

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]  
 Change  Addition

TITLE: SD  
 NAME: **MOYER, CYNTHIA K.**  
 STREET ADDRESS: **PO BOX 481**  
 CITY-ST-ZIP: **CHIEFLAND FL 32644**  
 Delete

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

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]  
 Delete

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]  
 Change  Addition

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]  
 Delete

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]  
 Change  Addition

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]  
 Delete

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]  
 Change  Addition

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:

*Jewett C. Leaptrot*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/17/2002**  
 Date

**(352) 493-0050**  
 Daytime Phone #

CR2E037 (9/01)