

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90046 014 \*\*\*\*61.25

**DOCUMENT # N98000001268**

1. Entity Name

**KIWANIS CLUB OF BIG LAGOON FOUNDATION, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 34259  
 PENSACOLA FL 32507

P.O. BOX 34259  
 PENSACOLA FL 32507-4259

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3508257**

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

**ALEXANDER, ROBERT**  
**16335 PERDIDO DRIVE**  
**PENSACOLA FL 32507**

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

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	D	<input type="checkbox"/> Delete
NAME	<b>JETER, NORMAN</b>	
STREET ADDRESS	<b>14070 WATERVIEW DRIVE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>HERMAN, DAVID</b>	
STREET ADDRESS	<b>5933 KAISER LANE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>JAMES, RUSSELL</b>	
STREET ADDRESS	<b>4018 INDIGO DRIVE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>VIGLIENZONE, WALTER</b>	
STREET ADDRESS	<b>5039 CHALLENGER WAY</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>ALEXANDER, ROBERT</b>	
STREET ADDRESS	<b>16335 PERDIDO KEY DRIVE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Russell James* **Russell James** 2-8-00 850 492 0258  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)