

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761545

1. Entity Name

KIWANIS CLUB OF PUNTA GORDA, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90012 003 ****61.25

Principal Place of Business

Mailing Address

813 CORDELE AVE.
PORT CHARLOTTE FL 33948-6309
US

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PORT CHARLOTTE FL 33948-6309
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6211042

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

CARPENTER, BOB
813 CORDELE AVE.
% KIWANIS CLUB OF PUNTA GORDA INC.
PORT CHARLOTTE FL 33948

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 BOB CARPENTER

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	P	<input checked="" type="checkbox"/> Delete
NAME	KLOSSNER, BILL	
STREET ADDRESS	405 SCARLET SAGE	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, C RODNEY	
STREET ADDRESS	1093 KENSINGTON ST	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NAYLOR, ROBERT C	
STREET ADDRESS	P.O. BOX 510164 N/A	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	DEP	<input type="checkbox"/> Delete
NAME	MARTIN, BILL	
STREET ADDRESS	425 CROSS ST #114	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ARMSTRONG, BOB	
STREET ADDRESS	716 MONACO DR	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARPENTER, BOB	
STREET ADDRESS	813 CORDELE AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREU, BILL	
STREET ADDRESS	7474 UTILITY RD.	
CITY-ST-ZIP	PUNTA GORDA, FL 33982	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BOB CARPENTER REQUIRE 561 Carpenter - Secy 4-6-00 941/639-3720

CR2E037 (9/99)