

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2000 08:00 AM
Secretary of State

DOCUMENT # 700175

1. Entity Name

KIWANIS CLUB OF CASSELBERRY/WINTER PARK, INC.

Principal Place of Business

Mailing Address

C/O DANIEL B SMITH
1605 ASHER LANE
ORLANDO
32803

FL

PO BOX 1573
WINTER PARK
32790

FL

2. Principal Place of Business

C/O DANIEL B SMITH

3. Mailing Address

PO BOX 1573

Suite, Apt. #, etc.

1605 ASHER LANE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO

FL

City & State

WINTER PARK

FL

4. FEI Number

59-6152593

Applied For

Not Applicable

Zip

328031825

Country

US

Zip

327901573

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

SMITH, DANIEL B
1605 ASHER LANE

ORLANDO
32803

FL

US

Name

SMITH, DANIEL B

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

1605 ASHER LANE

City

ORLANDO

FL

Zip Code
328031825

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.)

04/20/2000

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 STREET ADDRESS CITY-ST-ZIP	D OTTINGER ROBERT J 872 GRANVILLE DR WINTER PARK FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENSON JANET 2304 PEARL TREE CT ORLANDO FL 32807	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSON JANET 2304 PEAR TREE CT ORLANDO FL 328076453	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMITH, DANIEL B 1605 ASHER LANE ORLANDO FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH DANIEL B 1605 ASHER LN ORLANDO FL 328031825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLARK WM D 2017 KEWANEE TRL CASSELBERRY FL 327075614	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLARK WM D 2017 KEWANEE TRL CASSELBERRY FL 327075614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOWARD MARLAND P 8750 HARBORVIEW DRIVE ORLANDO FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARENT LUCIEN 5464 N WOODCREST DR WINTER PARK FL 327927314	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODEN TERESA 3251 OAK LANE PLACE WINTER PARK FL 32792	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLISON JAMES C 2922 EMBASSY CT CASSELBERRY FL 327075874	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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.