

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 21, 2001 08:00 AM**
Secretary of State**DOCUMENT # 700175****1. Entity Name**
KIWANIS CLUB OF CASSELBERRY/WINTER PARK, INC.**Principal Place of Business**
C/O DANIEL B SMITH
1605 ASHER LANE
ORLANDO FL 328031825
Mailing Address
PO BOX 1573
WINTER PARK FL 327901573**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
59-6152593**Applied For**
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**SMITH, DANIEL B
1605 ASHER LANEORLANDO FL
328031825 US

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** **04/21/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$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 ☐ Delete
NAME OTTINGER ROBERT J
STREET ADDRESS 872 GRANVILLE DR
CITY-ST-ZIP WINTER PARK FL 32789**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** D ☐ Delete
NAME HENSON JANET
STREET ADDRESS 2304 PEAR TREE CT
CITY-ST-ZIP ORLANDO FL 328076453**TITLE** VD ☒ Change ☐ Addition
NAME WEINROTH STANLEY
STREET ADDRESS 2685 QUEEN MARY PL
CITY-ST-ZIP MAITLAND FL 327515178**TITLE** SD ☐ Delete
NAME SMITH DANIEL B
STREET ADDRESS 1605 ASHER LN
CITY-ST-ZIP ORLANDO FL 328031825**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** TD ☐ Delete
NAME CLARK WM D
STREET ADDRESS 2017 KEWANEE TRL
CITY-ST-ZIP CASSELBERRY FL 327075614**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** PD ☐ Delete
NAME PARENT LUCIEN
STREET ADDRESS 5464 N WOODCREST DR
CITY-ST-ZIP WINTER PARK FL 327927314**TITLE** PD ☒ Change ☐ Addition
NAME COUGHLIN DANIEL M
STREET ADDRESS 980 VIRGINIA DR
CITY-ST-ZIP WINTER PARK FL 327895908**TITLE** D ☐ Delete
NAME ALLISON JAMES C
STREET ADDRESS 2922 EMBASSY CT
CITY-ST-ZIP CASSELBERRY FL 327075874**TITLE** ☐ Change ☐ 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)(f), 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:** Wm D Clark TD 04/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)