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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

08-12-2002 90013 035 ****61.25

DOCUMENT # 701684

1. Entity Name

KIWANIS CLUB OF SOUTH ORLANDO, INCORPORATED

Principal Place of Business

Mailing Address

12 N PRIMROSE DR
 ORLANDO FL 32803
 US

P O BOX 568172
 ORLANDO FL 32856-172
 US

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

59-6153283

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FUSSELL, LAWRENCE W JR
 2313 S SUMMERLIN AVE
 ORLANDO FL 32806

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

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~~
 NAME DURHAM, LEONARD
 STREET ADDRESS 3906 CASTELL DRIVE
 CITY-ST-ZIP ORLANDO FL 32810

TITLE ☐ Change ☒ Addition
 NAME Michael Gullion
 STREET ADDRESS 3326 Conway Gardens Rd.
 CITY-ST-ZIP Orlando, FL 32806

TITLE ~~S~~
 NAME GALVIN, JAMES
 STREET ADDRESS 2022 E ROBINSON ST
 CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ Change ☒ Addition
 NAME RAYMOND E. BARBER
 STREET ADDRESS 4202 ALK. UNDERHILL RD.
 CITY-ST-ZIP ORL. FL. 32803

TITLE ~~PD~~
 NAME FUSSELL, LAWRENCE W JR
 STREET ADDRESS 2313 S SUMMERLIN AVE
 CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ Change ☒ Addition
 NAME JAMES P GALVIN
 STREET ADDRESS 2804 TRENTON LN
 CITY-ST-ZIP ORLANDO FL 32765

TITLE ~~PD~~
 NAME BARON, ARTHUR
 STREET ADDRESS 2144 SANTA ANTILLES RD
 CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ Change ☒ Addition
 NAME TONY JOHNSON
 STREET ADDRESS 37810 HALF MOON DRIVE
 CITY-ST-ZIP ORLANDO, FL 32812

TITLE ~~T~~
 NAME MCCONNELL, TED
 STREET ADDRESS 3301 JAN DRIVE
 CITY-ST-ZIP ORLANDO FL 32808

TITLE ☐ Change ☒ Addition
 NAME David Tishman
 STREET ADDRESS 1810 Chamberlain St
 CITY-ST-ZIP Orlando, FL 32806

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/02)