

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703310

1. Entity Name

KIWANIS CLUB OF BRADENTON-DESOTO, FLORIDA, INC.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90070 009 \*\*\*\*61.25

Principal Place of Business

26 T. BAYSHORE WINDMILL VILLAGE  
603 63RD AVENUE WEST  
BRADENTON FL 34207

Mailing Address

MCRAE, LESLIE  
1228 56TH ST W  
BRADENTON FL 34209-4703  
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

59-6168897

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

SKARRITT, DONALD H.  
26 "T" AVENUE  
BAYSHORE WINDMILL VILLAGE  
BRADENTON FL 34207

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 ☐ Delete  
NAME P  
STREET ADDRESS SABATINO, MICHAEL  
CITY-ST-ZIP P. O. BOX 14280 N/A  
BRADENTON FL 34280

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME D  
STREET ADDRESS MCRAE, LESLIE  
CITY-ST-ZIP 3008 KIWI PL-  
ELLINGTON FL

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS McRAE, LESLIE  
CITY-ST-ZIP 1228 56th St W  
Bradenton, FL. 34209

TITLE ☒ Delete  
NAME T  
STREET ADDRESS SMITH, CLAYTON L  
CITY-ST-ZIP 19 MEADOWLARK CIR  
ELLENTON FL

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS FREBER, Thomas R.  
CITY-ST-ZIP 6922 Magellan Way, Sarasota FL.

TITLE ☐ Delete  
NAME D  
STREET ADDRESS NOCK, EDWARD A  
CITY-ST-ZIP 2932 64TH STREET WEST  
BRADENTON FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KITZMILLER, ROBERT  
CITY-ST-ZIP 1812 76TH ST. N.W.  
BRADENTON FL 34209

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS TILLIS, THEODORE  
CITY-ST-ZIP 3101 9TH AVENUE DR. E.  
PALMETTO FL 34221

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*

LESLIE MCRAE/11/00

792-4118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)