

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703310

1. Entity Name

KIWANIS CLUB OF BRADENTON-DESOTO, FLORIDA, INC.

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 - 603 63RD AVE. W. -
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	P	<input checked="" type="checkbox"/> Delete
NAME	SABATINO, MICHAEL	
STREET ADDRESS	P. O. BOX 14280 N/A	
CITY-ST-ZIP	BRADENTON FL 34280	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCRAE, LESLIE	
STREET ADDRESS	1228 56TH ST W	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BREBER, THOMAS R	
STREET ADDRESS	6922 MAGELLAN WAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NOCK, EDWARD A	
STREET ADDRESS	2932 64TH STREET WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KITZMILLER, ROBERT	
STREET ADDRESS	1812 76TH ST. N.W.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input type="checkbox"/> Delete
NAME	TILLIS, THEODORE	
STREET ADDRESS	3101 9TH AVENUE DR. E.	
CITY-ST-ZIP	PALMETTO FL 34221	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RACHEL DELPLATO	
STREET ADDRESS	233 47TH ST W	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SABATINO, MICHAEL	
STREET ADDRESS	P.O. BOX 14280 N/A	
CITY-ST-ZIP	BRADENTON FL 34280	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRADABAUGH, RUSSELL E.	
STREET ADDRESS	1226 56TH ST W	
CITY-ST-ZIP	BRADENTON FL 34209	
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		<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:

RUSSELL E. RADABAUGH

2/7/01 941-792-8645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90228 048 ****61.25

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DO NOT WRITE IN THIS SPACE