

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703680

1. Entity Name

KIWANIS CLUB OF SOUTH SARASOTA, INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90009 018 \*\*\*\*61.25

Principal Place of Business 2209 CIRCLEWOOD DR. SARASOTA FL 34231	Mailing Address 2209 CIRCLEWOOD DR. SARASOTA FL 34231-5740
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6168946	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  O'HARA, RUSSELL P. 2209 CIRCLEWOOD DR. SARASOTA FL 34231	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (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	
TITLE VD NAME HICKERNELL, WARREN J STREET ADDRESS 4799 DOVE TR CT CITY-ST-ZIP SARASOTA FL	<input checked="" type="checkbox"/> Delete
TITLE PD NAME GRADY, FRED STREET ADDRESS 5666 SAWYER RD CITY-ST-ZIP SARASOTA FL	<input checked="" type="checkbox"/> Delete
TITLE SD NAME SCHERTLE, FRANK STREET ADDRESS 7515 STARFISH LANE CITY-ST-ZIP SARASOTA FL	<input type="checkbox"/> Delete
TITLE TD NAME O'HARA, RUSSELL STREET ADDRESS 2209 CIRCLEWOOD DR CITY-ST-ZIP SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME HICKERNELL, WARREN J. STREET ADDRESS 4799 Dove TR CT CITY-ST-ZIP Sarasota, FL 34238	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME CHARUHAS, SARA STREET ADDRESS 7464 Cass Circle CITY-ST-ZIP Sarasota, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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. **Russell P. O'Hara** 4/13/00 941-922-3921

**SIGNATURE:** SIGNATURE OF RUSSELL P. O'HARA \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)