

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703758

1. Entity Name

KIWANIS CLUB OF SEBRING, INC.

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90064 025 ****61.25

0062702

Principal Place of Business

Mailing Address

P.O. BOX 1467
SEBRING FL 33871

P.O. BOX 1467
SEBRING FL 33871

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

59-6168947

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

CRIVELLO, KATHLEEN
501 S. CRANE AVE.
SEBRING FL 33872

Name Grace Owens

Street Address (P.O. Box Number is Not Acceptable)

841 Fielder Blvd.

City Sebring,

FL

Zip Code
33870

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 Grace Owens - Grace Owens

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

(NOTE: Registered Agent signature required when reinstating)

1-9-02

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 **CARLSON, JEFF**
CITY-ST-ZIP **3531 US 27 SOUTH**
SEBRING FL 33870

TITLE ☒ Change ☐ Addition
NAME **Director**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **BAIR, NELLIE**
CITY-ST-ZIP **3900 US 27 N**
SEBRING FL 33870

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

TITLE ☒ Delete
NAME **SD**
STREET ADDRESS **KING, KATHLEEN**
CITY-ST-ZIP **501 S. CRANE AVE.**
SEBRING FL

TITLE ☐ Change ☒ Addition
NAME **Secretary/Director**
STREET ADDRESS **Grace Owens**
CITY-ST-ZIP **841 Fielder Blvd.**
Sebring, FL 33870

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **STATLER, PHILLIP**
CITY-ST-ZIP **3531 US 27 S**
SEBRING FL 33870

TITLE ☒ Change ☐ Addition
NAME **President**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D Boulay**
STREET ADDRESS **BOYIAY, TIMOTHY**
CITY-ST-ZIP **P O BOX 3692**
SEBRING FL 33871-3692

TITLE ☒ Change ☐ Addition
NAME **Vice-President**
STREET ADDRESS **Boulay, Timothy**
CITY-ST-ZIP **P.O. Box 3692**
Sebring, FL 33870

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Buck, Carl**
CITY-ST-ZIP **1321 8th Avenue**
Sebring, FL 33875

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: Grace Owens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-02 (863) 471-3700

CR2E037 (9/01)