

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

0066329

DOCUMENT # 704782

1. Entity Name

THE KIWANIS CLUB OF RIDGE MANOR, INC.

03-08-2001 90101 044 ****61.25

Principal Place of Business

Mailing Address

**34244 CORTEZ BLVD
 RIDGE MANOR FL 33523
 US**

**34244 CORTEZ BLVD
 RIDGE MANOR FL 33523
 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

70-4782610

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

**CUMMINGS, DEBRA A
 6143 FAIRWAY DR
 RIDGE MANOR FL 33523**

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	VD	<input type="checkbox"/> Delete
NAME	SICKLER, CATHERINE	
STREET ADDRESS	6026 IDLE-A-WHILE CR	
CITY-ST-ZIP	RIDGE MANOR FL 33523	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAKER, JANET	
STREET ADDRESS	5341 TOWER ST	
CITY-ST-ZIP	RIDGE MANOR FL 33523	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARNOLD, MACK	
STREET ADDRESS	5027 CARDINAL DR	
CITY-ST-ZIP	RIDGE MANOR FL 33523	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CUMMINGS, DEBRA	
STREET ADDRESS	6143 FAIRWAY DR	
CITY-ST-ZIP	RIDGE MANOR FL 33523	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARRIS, JAMES W	
STREET ADDRESS	24304 HOLDEN DR	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HALL, ANDREA	
STREET ADDRESS	34162 OAK HAMMOCK DR	
CITY-ST-ZIP	RIDGE MANOR FL 33523	

TITLE	#	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Denis Whitacre	
STREET ADDRESS	PO Box 642	
CITY-ST-ZIP	Lacoochee FL 33537	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doris Wendell	
STREET ADDRESS	31086 Inwood Ct.	
CITY-ST-ZIP	Brooksville FL 34602	
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alice Dow	
STREET ADDRESS	6048 FAIRWAY DR	
CITY-ST-ZIP	Ridge Manor FL 33523	

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: Debra Cummings

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-01

Date

352 583-2865

Daytime Phone #

CR2E037 (10/00)