

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90315 014 ****61.25

DOCUMENT # 704782

1. Entity Name

THE KIWANIS CLUB OF RIDGE MANOR, INC.



Principal Place of Business

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

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

James Nico

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

6511 Barcelona Blvd

City

Brooksville

FL

Zip Code

34602

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete

NAME **NICO, JAMES**
STREET ADDRESS **6511 BARCELONA BLVD**
CITY-ST-ZIP **BROOKSVILLE FL 34602**

TITLE **D** ☐ Delete

NAME **MCMILLAN, KELLIE**
STREET ADDRESS **6040 KNOLLWOOD DR**
CITY-ST-ZIP **RIDGE MANOR FL 33523**

TITLE **S** ☐ Delete

NAME **WENDELL, DORIS**
STREET ADDRESS **31086 INWOOD CR**
CITY-ST-ZIP **BROOKSVILLE FL 34602**

TITLE **PD** ☒ Delete

NAME **CUMMINGS, DEBRA**
STREET ADDRESS **6143 FAIRWAY DR**
CITY-ST-ZIP **RIDGE MANOR FL 33523**

TITLE **T** ☐ Delete

NAME **BROWN, DEE**
STREET ADDRESS **28448 WILDFIRE LN**
CITY-ST-ZIP **BROOKSVILLE FL 34602**

TITLE **D** ☐ Delete

NAME **AUSTIN, FERDINAL**
STREET ADDRESS **319 ORIANA AVE**
CITY-ST-ZIP **BROOKSVILLE FL 34609**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition

NAME **Nico, James**
STREET ADDRESS **6511 Barcelona Blvd**
CITY-ST-ZIP **Brooksville, FL 34602**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition

NAME **Hall, Andrea**
STREET ADDRESS **37708 Trilby Rd**
CITY-ST-ZIP **Dade City FL 33523**

TITLE **D** ☒ Change ☐ Addition

NAME **Brown, Dee**
STREET ADDRESS **28448 Wild Fire Ln**
CITY-ST-ZIP **Brooksville FL 34602**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

CR2E037 (10/02)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-03 352-799-0901