

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704946

1. Entity Name

DELRAY BEACH KIWANIS CHARITIES INC

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90029 027 \*\*\*\*61.25

Principal Place of Business 17 N W 15TH ST P O BOX 122 DELRAY BCH FL 33447	Mailing Address 17 N W 15TH ST P O BOX 122 DELRAY BCH FL 33447-0122
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-6137983</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HURD, WILLIAM C</b> <b>17 N W 15TH ST</b> <b>DELRAY BCH FL 33444</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																																																																
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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: William C. Hurd 5/18/00 561 278-3406  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E017 (9/93)