2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # 705035** Mar 29, 2000 8:00 am 1. Entity Name **Secretary of State** KIWANIS CLUB OF SEMINOLE FLORIDA INC 03-29-2000 90059 027 ****61.25 Principal Place of Business Mailing Address P.O. BOX 3147 P.O. BOX 3147 SEMINOLE FL 34642 SEMINOLE FL 33775-3147 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-6168948 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BITTING, DONALD 13911 105TH TERR. N. SEMINOLE FL 34642 Zip Code FL 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. Service State of SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW: Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change **X** Addition TITLE TITLE Delete MILLER, BILL 7901 SEMINOLE BLVD. NAME NAME WEIDNER, ELMER STREET ADDRESS STREET ADDRESS 11053 69TH AVE NORTH SEMINOLE FL CITY-ST-7iP CITY-ST-ZIP SEMINOLE FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE D NAME NAME O'HOWELL, MARTHA STREET ADDRESS STREET ADDRESS 9323 - 117TH STREET, NORTH CITY-ST-ZIP11 CITY-ST-ZIP ST PETERSBURG FL 33772 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME **GRANT. ROBERT** STREET ADDRESS STREET ADDRESS 13300 WALSINGHAM RD. #42 CITY-ST-ZIP CITY-ST-ZIP largo fl Addition ☐ Change TITLE TD Delete TITLE STARMAN LOUIS F. NAME NAME STAPLETON, CARLTON STREET ADDRESS STREET ADDRESS 6600 34TH AVENUE NORTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL ☐ Change TITLE Delete TITLE ARR, 3085-NAME NAME DABROWSKI, PETER 96 AVENUE NO. STREET ADDRESS STREET ADDRESS 117 NORTH BUENA VISTA DRIVE F1 33114 CITY-ST-ZIP SEMINOLE CITY-ST-ZiP **DUNEDIN FL 34698** Defete TITLE TITLE VD ms, BoB NAME MILLER, BILL NAME 315 SHORELINE DR. #3305 STREET ADDRESS STREET ADDRESS 7901 SEMINOLE BLVD CITY-ST-ZIP ST. PETERSBURG CITY-ST-ZIP SEMINOLE FL 33772 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 in changed, or on an attachment with an address, with all other like empowered.