2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
02-11-2002 90142 023 ****61.25

DOCUMENT # 705035

1. Entity Name

KIWANIS CLUB OF SEMINOLE FLORIDA INC

Principal Place of Business	Mailing Address
P.O. BOX 3147 SEMINOLE FL 34642	P.O. BOX 3147 SEMINOLE FL 34642

DO NOT WRITE IN THIS SPACE

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 59-6168948 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STARMAN, LOUIS F
6600 GREENBRIER DR
SEMINOLE FL 33777

7. Name and Address of New Registered Agent

Name BETH LANGEBRAKE
Street Address (P.O. Box Number is Not Acceptable) 12908 LOIS AVE
City SEMINOLE **FL** Zip Code 33776

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 BETH LANGEBRAKE, TREASURER Beth Langebrake 1/23/2002
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PP ZAZZARO, STEVE 11470 72ND TERR N SEMINOLE FL 33772	☐ Delete ☒ Change	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE GERALD S HOTTS 8515 140 STREET N. SEMINOLE, FL 33776	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'HOWELL, MARTHA 9323 - 117TH STREET, NORTH ST PETERSBURG FL 33772	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CAROL GAREAU 11084 DUNCAN STREET N. SEMINOLE, FL 33772	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GRANT, ROBERT 13300 WALSINGHAM RD. #42 LARGO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BETH LANGEBRAKE 12908 LOIS AVE SEMINOLE, FL 33776	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STARMAN, LOUIS F 6600 GREENBRIER DRIVE SEMINOLE FL 33777	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERT MAUS 9569 117 STREET N. SEMINOLE, FL 33772	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARR, TERRY 13085-96 AVE NO SEMINOLE FL 33774	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SIMS, BOB 6315 SHORELINE DR. 3305 SAINT PETERSBURG FL 33708	☐ Delete ☒ Change	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Beth Langebrake BETH LANGEBRAKE 1/23/2002 (727)572-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #