

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706336

1. Entity Name

KIWANIS CLUB OF PORT CHARLOTTE FLORIDA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 3946
PORT CHARLOTTE FL 33949

P.O. BOX 3946
PORT CHARLOTTE FL 33949-3946

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

59-6144693

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

Name

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

City

FL

Zip Code

LEVIN, ALLEN J.
3440 CONWAY BLVD.
SUITE 1-A
PORT CHARLOTTE FL 33952

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	LEVIN, ALLEN J	3440 CONWAY BLVD SUITE A	PORT CHARLOTTE FL 33952	<input checked="" type="checkbox"/>
PED	JOHNSON, ROY	724 NW ELKCAM BLVD	PORT CHARLOTTE FL 33592	<input type="checkbox"/>
VPD	JOHNSON, ROY	724 NW ELKCAM BLVD	PORT CHARLOTTE FL 33952	<input checked="" type="checkbox"/>
SD	NOVAK, EUGENE	1585 VISCAYA AVE	PORT CHARLOTTE FL 33952	<input type="checkbox"/>
TD	KING, PAUL G	933 TROPICAL AVE	PORT CHARLOTTE FL 33948	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	JOHNSON, ROY	724 NW ELKCAM BLVD.	PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PED	BEYERLE, FRED	23465 HARBORVIEW ROAD	CHARLOTTE HARBOR, FL 33980	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	OFFICE VACANT			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
TD	TALLEY, ROBERT	1694 VISCAYA AVENUE	PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Jan 18, 2000

Daytime Phone #

766-9857

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90143 036 ****61.25



DO NOT WRITE IN THIS SPACE