

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706336

1. Entity Name

KIWANIS CLUB OF PORT CHARLOTTE FLORIDA, INC.

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90303 039 \*\*\*\*61.25

0070468

Principal Place of Business

P.O. BOX 3946  
PORT CHARLOTTE FL 33949

Mailing Address

P.O. BOX 3946  
PORT CHARLOTTE FL 33949

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

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

Name

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

City

FL

Zip Code

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 PD  
NAME JOHNSON, ROY  
STREET ADDRESS 724 NW ELKCAM BLVD  
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☒ Delete

TITLE PA. FRED BEYERLE  
NAME BEYERLE, FRED  
STREET ADDRESS 23465 HARBORVIEW RD  
CITY-ST-ZIP 33980 ☒ Change ☐ Addition

TITLE PED  
NAME BEYERLE, FRED  
STREET ADDRESS 23465 HARBORVIEW RD  
CITY-ST-ZIP PORT CHARLOTTE FL 33980 ☐ Delete

TITLE P.E. D. LARRY BROWN  
NAME LARRY BROWN  
STREET ADDRESS 3514 LASCO AVE N. PORT  
CITY-ST-ZIP 34287 ☒ Change ☐ Addition

TITLE SD  
NAME NOVAK, EUGENE  
STREET ADDRESS 1585 VISCAYA AVE  
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

TITLE S. EUGENE R. NOVAK  
NAME NOVAK, EUGENE  
STREET ADDRESS 1585 VISCAYA AVE  
CITY-ST-ZIP PR 33952 ☐ Change ☐ Addition

TITLE TD  
NAME TALLEY, ROBERT  
STREET ADDRESS 1694 VISCAYA AVENUE  
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☒ Delete

TITLE T.O. CONRAD HANSON  
NAME HANSON, CONRAD  
STREET ADDRESS 26584 COMAPOCIR  
CITY-ST-ZIP 33983 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)