

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90145 040 ****61.25

DOCUMENT # 707933

1. Entity Name

KIWANIS CLUB OF GREATER CLEARWATER, INC.

Principal Place of Business

**POST OFFICE BOX 8206
 CLEARWATER FL 34618**

Mailing Address

**POST OFFICE BOX 8206
 CLEARWATER FL 34618**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0965990**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GRAHAM, JOHN JR
 1336 HIGHFIELD DR.
 CLEARWATER FL 34624**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

2-28-2002

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

| | | | |
|----------------|---|--------------------------|--|
| TITLE | D | Ward, Howard | <input checked="" type="checkbox"/> Delete |
| NAME | | 2329 LORENA LANE | |
| STREET ADDRESS | | CLEARWATER FL 33765-2727 | |
| CITY-ST-ZIP | | | |
| TITLE | D | Johansen, Ward | <input checked="" type="checkbox"/> Delete |
| NAME | | 2480 STAG RUN BLVD. | |
| STREET ADDRESS | | CLEARWATER FL 33765 | |
| CITY-ST-ZIP | | | |
| TITLE | D | Lorenz, Jerry | <input type="checkbox"/> Delete |
| NAME | | 1150 EIGHT AVE. SW | |
| STREET ADDRESS | | LARGO FL 33770 | |
| CITY-ST-ZIP | | | |
| TITLE | D | Lambert, Dick | <input type="checkbox"/> Delete |
| NAME | | 2045 CORONET LANE | |
| STREET ADDRESS | | CLEARWATER FL 34624 | |
| CITY-ST-ZIP | | | |
| TITLE | D | Bell, Deloris F | <input type="checkbox"/> Delete |
| NAME | | 1358 TERRACE RD | |
| STREET ADDRESS | | CLEARWATER FL 33755-2058 | |
| CITY-ST-ZIP | | | |
| TITLE | D | Barnett, William G III | <input type="checkbox"/> Delete |
| NAME | | 1618 KILWINNING CT | |
| STREET ADDRESS | | PALM HARBOR FL 34684 | |
| CITY-ST-ZIP | | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | | |
|----------------|---|----------------------|--|
| TITLE | P | Adam J. Plutchak | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2853 Sunset Point Rd | |
| STREET ADDRESS | | Clearwater, FL 33759 | |
| CITY-ST-ZIP | | | |
| TITLE | D | Dr Naomi B. Williams | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 1300 Ridge Ave. | |
| STREET ADDRESS | | Clearwater, FL 33755 | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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 #

2/28/2002 727-781-1553

CR2E037 (9/01)