

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710321

1. Entity Name

KIWANIS CLUB OF MIDTOWN, ST. PETERSBURG, FLORIDA

Principal Place of Business

POST OFFICE BOX 14373
ST. PETERSBURG FL 33733

Mailing Address

POST OFFICE BOX 14373
ST. PETERSBURG FL 33733-4373

2. Principal Place of Business

500 94th AVE. N.

3. Mailing Address

500 94th AVE. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33702

Country

USA

Zip

33702

Country

USA

6. Name and Address of Current Registered Agent

MCGRADY, J. THOMAS
7113-1 AVE. S.
ST. PETERSBURG FL 33707

7. Name and Address of New Registered Agent

Name

PETER C. SCHATZEL

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

500 94th AVENUE N.

City

ST. PETERSBURG

FL

Zip Code

33702

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

Peter C. Schatzel PETER C. SCHATZEL, TREASURER

4-27-00

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

| | | |
|----------------|--------------------------------|--------------------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | FRENCH, RICHARD | |
| STREET ADDRESS | 557 NORTHMOOR AVENUE N. | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33702 | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete |
| NAME | MCGRADY, THOMAS J | |
| STREET ADDRESS | 7113 1ST AVENUE S. | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33707 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | SCHATZEL, PETER | |
| STREET ADDRESS | 500 94 AVENUE N. | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33702 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SMITH, JAMES | |
| STREET ADDRESS | 1249 SHELL ISLE BOULEVARD N.E. | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33704 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KNOWLES, WILLIAM L. | |
| STREET ADDRESS | 1307-41 AVE. NE | |
| CITY-ST-ZIP | ST. PETERSBURG FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | RICH, ALICE | |
| STREET ADDRESS | 3005 WEST ROBSON STREET | |
| CITY-ST-ZIP | TAMPA FL 33614 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|------------------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | ST | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BENTLEY, CURTIS | |
| STREET ADDRESS | 376 18th AVENUE N.E. | |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33704 | |
| 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:

Peter C. Schatzel PETER C. SCHATZEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

727-578-1040

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90210 016 ****61.25