

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710321

1. Entity Name

KIWANIS CLUB OF MIDTOWN, ST. PETERSBURG, FLORIDA  
INC.

Principal Place of Business

Mailing Address

500 94TH AVE N  
SAINT PETERSBURG FL 33702

500 94TH AVE N  
SAINT PETERSBURG FL 33702

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

59-0690574

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

SCHATZEL, PETER C  
500 94TH AVENUE N  
SAINT PETERSBURG FL 33702

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	P	<input checked="" type="checkbox"/> Delete
NAME	ANSON, KATHY	
STREET ADDRESS	425 22ND AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BENTLEY, CURTIS	
STREET ADDRESS	376 18TH AVENUE NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHATZEL, PETER	
STREET ADDRESS	500 94 AVENUE N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	VP	<input checked="" 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	D	<input type="checkbox"/> Delete
NAME	RICH, ALICE	
STREET ADDRESS	3005 WEST ROBSON STREET	
CITY-ST-ZIP	TAMPA FL 33614	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD FREKH	
STREET ADDRESS	557 NORTH MOOR AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33702	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRY WICKINSON	
STREET ADDRESS	696 1ST AVE. N., SUITE 201	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	VP	<input checked="" 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:

SIC Peter C Schatzel

TREASURER

4-22-02

727-577-4917

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE