

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711698

1. Entity Name

KIWANIS CLUB OF GATOR CITY, GAINESVILLE, FLORIDA

Principal Place of Business

Mailing Address

3540 SW ARCHER RD  
LT 85  
GAINESVILLE FL 32608  
US

PO BOX 12213  
GAINESVILLE FL 32604-0213  
US

2. Principal Place of Business

3540 SW Archer Rad

3. Mailing Address

P. O. Box 12213

Suite, Apt. #, etc.

Lot 85

Suite, Apt. #, etc.

N/A

City & State

Gainesville, Florida

City & State

Gainesville, Florida

4. FEI Number

59-6194200

Applied For

Not Applicable

Zip

Country

32608

Alachua

Zip

32604-0213

Country

Alachua

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

BIALEK, JEFFREY LEE  
3540 S.W. ARCHER ROAD  
LOT 85  
GAINESVILLE FL 32698

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
PENLAND, ARNOLD C JR  
2809 S W 81ST ST  
GAINESVILLE FL 32607-4707 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PED  
PENLAND, ARNOLD C JR  
2809 S W 81ST ST  
GAINESVILLE, FL 32607-4707 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TDS  
BAILEK, JEFFREY  
3540 S.W. ARCHER ROAD, LOT 85  
GAINESVILLE FL 32608 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TDS  
BIALEK, JEFFREY L.  
3540 SW ARCHER ROAD LOT 85  
GAINESVILLE, FL 32608 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PED  
MIRONACK, MICHAEL W  
4817 N.W. 37TH PLACE  
GAINESVILLE FL 32606 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PPD  
MIRONACK, MICHAEL W  
4817 NW 37TH PLACE  
GAINESVILLE, FL 32606 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
KING, E C  
2418 N.W. 63RD TERRACE  
GAINESVILLE FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
LINDSAY, RONCC JR  
1922 N W 133RD Terrace  
GATNEVILLE, FL 32606 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
WELKER, SAMUEL S  
1605 N.E. 6TH TERRACE  
GAINESVILLE FL 32609 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
WELKER, SAMUEL S  
1605 NE 6th Terrace  
CAINEVILLE, FL. 32609 ☐ 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 life empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/08/2000 352 376-8886

Date

Daytime Phone #

FILED

Feb 14, 2000 8:00 am  
Secretary of State

02-14-2000 90050 008 \*\*\*\*61.25

80018943



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)