

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 711698**

1. Entity Name

KIWANIS CLUB OF GATOR CITY, GAINESVILLE, FLORIDA

Principal Place of Business

**3540 SW ARCHER RD
LT 85
GAINESVILLE FL 32608
US**

Mailing Address

**PO BOX 12213
GAINESVILLE FL 32604-0213
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6194200

Applied For

Not Applicable

Zip

Country

Zip

Country

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

01/19/2001**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	VPD	<input type="checkbox"/> Delete
NAME	PENLAND, ARNOLD C JR	
STREET ADDRESS	2809 S W 81ST ST	
CITY-ST-ZIP	GAINESVILLE FL 32607-4707	

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENLAND, ARNOLD C.	
STREET ADDRESS	2809 S W 81st Street	
CITY-ST-ZIP	Gainesville, FL 32607-4707	

TITLE	TDS	<input type="checkbox"/> Delete
NAME	BAILEK, JEFFREY	
STREET ADDRESS	3540 S.W. ARCHER ROAD, LOT 85	
CITY-ST-ZIP	GAINESVILLE FL 32608	

TITLE	TDS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIALEK, JEFFREY L.	
STREET ADDRESS	3540 S W Archer Road Lot 85	
CITY-ST-ZIP	Gainesville, FL 32608	

TITLE	PED	<input checked="" type="checkbox"/> Delete
NAME	MIRONACK, MICHAEL W	
STREET ADDRESS	4817 N.W. 37TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32606	

TITLE	PED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RON C. LINDSAY, JR.	
STREET ADDRESS	1922 N W 133rd Terrace	
CITY-ST-ZIP	Gainesville, FL 32606	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	WELKER, SAMUEL S	
STREET ADDRESS	1605 N.E. 6TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32609	

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELKER, SAMUEL S.	
STREET ADDRESS	1605 N E 6th Terrace	
CITY-ST-ZIP	Gainesville, FL 32609	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OKIVA, Giacomo M.	
STREET ADDRESS	5726 N W 43rd Road	
CITY-ST-ZIP	Gainesville, FL 32606	

TITLE		<input type="checkbox"/> Delete
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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/2001
XXXXXX

352 376-8886

Date Daytime Phone #

CR2E037 (10/00)