2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State
01-19-2000 90215 050 ****61.25

DOCUMENT # 712328

1. Entity Name

KIWANIS CLUB OF NORTH MIAMI BEACH, FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 640622 N MIAMI BEACH FL 33164-0622 US	P.O. BOX 640622 N MIAMI BEACH FL 33164-0622 US

DO NOT WRITE IN THIS SPACE

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 59-6176203 ☐ 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
SEGAL, NORMAN 19835 NE 12 AVE MIAMI FL 33179	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	IPPD TEMPLER, PAUL 740 NW 182ND ST N. MIAMI BCH FL 33179	☐ Delete	TD TEMPLER PAUL 740 NE 182 ST N. MIAMI Beach FL 33162	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KAREN, WARNER 17050 NE 19TH AVENUE N. MIAMI BCH. FL 33162	☐ Delete	IPPD KAREN WARNER 17050 NE 19 Ave N MIAMI Beach FL 33162	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE DAVE, STARKE 1980 NE 187 DRIVE N MIAMI BEACH FL 33179	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BERSON, JEFFREY 3300 NE 191ST STREET #190C AVENTURA FL 33180-2449	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SEGAL, NORMAN I 19835 NE 12 AVE MIAMI FL 33179	☐ Delete	D NORMAN SEGAL 19835 NE 12 AVE MIAMI FL 33179	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FISHER, MILTON 1310 NE 17TH STREET N MIAMI BEACH FL	☐ Delete	PD MILTON FISHER 21250 NE 19 AVE MIAMI FL 33179	☒ Change ☐ Addition

CR2E037 (9/99)

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] PAUL TEMPLER TREAS 1-19-00 3056517517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #