# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 20, 2001 8:00 am**
**Secretary of State**
01-20-2001 90090 025 ****61.25

0042373

DOCUMENT # 712328

1. Entity Name

KIWANIS CLUB OF NORTH MIAMI BEACH, FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 640622<br>N MIAMI BEACH FL 33164-0622<br>US | P.O. BOX 640622<br>N MIAMI BEACH FL 33164-0622<br>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<br>19835 NE 12 AVE<br>MIAMI FL 33179 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 | TD<br>TEMPLER, PAUL<br>740 NW 182ND ST<br>N. MIAMI BCH FL 33179 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | IPPD<br>KAREN, WARNER<br>17050 NE 19TH AVENUE<br>N. MIAMI BCH. FL 33162 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D, VP<br>KAREN WARNER<br>17050 NE 19 AVE<br>N. MIAMI Beach, FL 33162 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>BERSON, JEFFREY<br>3300 NE 191ST STREET #190C<br>AVENTURA FL 33180-2449 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SEGAL, NORMAN I<br>19835 NE 12 AVE<br>MIAMI FL 33179 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>FISHER, MILTON<br>1310 NE 17TH STREET<br>N MIAMI BEACH FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | IPPD<br>FISHER, MILTON<br>2230 NE 19 AVE<br>MIAMI FL 33179 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BERGMAN, FRED<br>13508 NE 23 PLACE<br>NORTH MIAMI FL 33181 | ☐ Change ☒ Addition |

CR2E037 (10/00)

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: PAUL TEMPLER (D) 1-08-01 3056517517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #