

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90015 022 ****61.25

0007881

DOCUMENT # 713022

1. Entity Name

KIWANIS CLUB OF WARRINGTON, FLORIDA, INC.

Principal Place of Business

Mailing Address

**202 REED ROAD
P O BOX 4893
PENSACOLA FL 32507****202 REED ROAD
P O BOX 4893
PENSACOLA FL 32507**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6151469

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

**FLYTHE, F. COURTNEY
202 REED RD.
PENSACOLA FL 32507**

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 \$61.259. 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	SCHEYE, EDWARD M JR	
STREET ADDRESS	7990 CHESTERFIELD RD	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	OHL, BILLY A JR	
STREET ADDRESS	5529 SHADOW GROVE BLVD	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FLYTHE, F. COURTNEY	
STREET ADDRESS	202 REED RD	
CITY-ST-ZIP	PENSACOLA, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HALLIGAN, JACK	
STREET ADDRESS	422 BUNKER HILL DR	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	QUANBECK, GORDON	
STREET ADDRESS	529 LONG LAKE DR	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILL, ROBERT L	
STREET ADDRESS	2031 BROYHILL LANE	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHL, BILLY A., Jr.	
STREET ADDRESS	5529 SHADOW GROVE BLVD.	
CITY-ST-ZIP	PENSACOLA, FL #@%@#	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOLSBY, RUSSELL	
STREET ADDRESS	4232 CROYDEN RD.	
CITY-ST-ZIP	PENSACOLA, FL #@%:\$. - - - - -	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILL, WELDON	
STREET ADDRESS	5091 CHANDELL DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY YEO	
STREET ADDRESS	46 MANOR DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 3@%)&	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FLYTHE, F. C.**1/12/02 850-456-3583**
Date Daytime Phone #

CR2E037 (9/01)