

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713465

1. Entity Name

KIWANIS CLUB OF WEST PASCO, NEW PORT RICHEY, FLO

Principal Place of Business

6012 REDHAWK DR
NEW PORT RICHEY FL 34655
US

Mailing Address

6012 REDHAWK DR
NEW PORT RICHEY FL 34655
US

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

59-6214634

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEISS, ED
6117 CALIBER CT
NEW PORT RICHEY FL 34655

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WEISS, ED
6117 CALIBER CT
NEW PORT RICHEY FL 34655 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SPENCELEY, HENRY
12208 PEPPERMILL DR.
BAYONET POINT FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DUFF, BILL
1113 KAPOK CIRCLE
CLEARWATER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PENN, ROBERT
12438 LACEY DRIVE
NEW PORT RICHEY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
IMBURGIA, JOSEPH
6507 SYCAMORE DRIVE
NEW PORT RICHEY FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HARTSHORNE, WALTER
6012 REDHAWK DRIVE
NEW PORT RICHEY FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
Keith Thibault
5524 Manatee Point Dr
New Port Richey FL 34652 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~Keith Thibault~~ ☐ Change ☐ Addition

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 like empowered.

SIGNATURE: Walter Hartshorne WALTER HARTSHORNE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/01 727-376-6985

Date Daytime Phone #

CR2E037 (10/00)

0080191

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90307 031 ****61.25

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DO NOT WRITE IN THIS SPACE