

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90003 027 ****61.25

DOCUMENT # 713465

1. Entity Name

KIWANIS CLUB OF WEST PASCO, NEW PORT RICHEY, FLO
RIDA, INC.

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

AS ABOVE

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

DO NOT WRITE IN THIS SPACE



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

KEITH THIBAUT

Street Address (P.O. Box Number is Not Acceptable)

9225 OUTRIGGER RD. # 1612

City

PORT RICHEY

FL

Zip Code

34668

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

Walter Hartsorne

JAN. 5, '02

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	P	<input checked="" type="checkbox"/> Delete
NAME	WEISS, ED	
STREET ADDRESS	6117 CALIBER CT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPENCELEY, HENRY	
STREET ADDRESS	12208 PEPPERMILL DR.	
CITY-ST-ZIP	BAYONET POINT FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUFF, BILL	
STREET ADDRESS	1113 KAPOK CIRCLE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENN, ROBERT	
STREET ADDRESS	12438 LACEY DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	THIBAUT, KEITH	
STREET ADDRESS	5524 MANATEE POINT DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARTSHORNE, WALTER	
STREET ADDRESS	6012 REDHAWK DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	B	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THIBAUT KEITH	
STREET ADDRESS	9225 OUTRIGGER RD #1612	
CITY-ST-ZIP	Port Richey, FL 34668	
TITLE	BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD WEISS	
STREET ADDRESS	6117 CALIBER CT.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS KING	
STREET ADDRESS	12014 PENZANCE LAKE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-02 727.376.6985

CR2E037 (9/01)