

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90011 007 ****61.25

DOCUMENT # 714317

1. Entity Name

KIWANIS CLUB OF LEESBURG, FLORIDA, INC.

Principal Place of Business

**1009 COTTONWOOD ST
 PO BOX 1107
 LEESBURG FL 34748**

Mailing Address

**PO BOX 491107
 LEESBURG FL 34749-1107
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6168922

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

**WALKER, JAMES M
 1009 COTTONWOOD ST
 LEESBURG FL 34748**

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 **S** ☐ Delete
 NAME **WALKER, JAMES M**
 STREET ADDRESS **1009 COTTONWOOD ST**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **Michael C. Holt**
 STREET ADDRESS **2272 Lake Pointe Circle,**
 CITY-ST-ZIP **Leesburg, FL 34748**

TITLE **PPD** ☒ Delete
 NAME **SOULIERE, CLAIRE Y**
 STREET ADDRESS **30245 HARRIS DR.**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **PRESIDENT-ELECT** ☐ Change ☒ Addition
 NAME **Robert S. Buell**
 STREET ADDRESS **901 Clusterwood,**
 CITY-ST-ZIP **Yalaha, FL 34787**

TITLE **P** ☒ Delete
 NAME **HALL, OUIDA J**
 STREET ADDRESS **724 BOYLESTON ST**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **TREASURER** ☐ Change ☒ Addition
 NAME **Robert J. Louder**
 STREET ADDRESS **2705 Maywood St.,**
 CITY-ST-ZIP **Leesburg, FL 32726**

TITLE **VICE-PRESIDENT** ☐ Delete
 NAME **GIBBS, M MCCOY**
 STREET ADDRESS **411 OAK HAMMOCK LANE**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **Roger N. Britts**
 STREET ADDRESS **800 Lake Port Blvd., H-403,**
 CITY-ST-ZIP **Leesburg, FL 34748-5618**

TITLE **D** ☐ Delete
 NAME **DUNNE, JOSEPH J**
 STREET ADDRESS **414 RANCH WOOD DRIVE**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **Barbara J. Garrett**
 STREET ADDRESS **637 Oak Terrace Drive,**
 CITY-ST-ZIP **Leesburg, FL 34748**

TITLE **D** ☐ Delete
 NAME **DUNNE, SHIRLEY**
 STREET ADDRESS **414 RANCH WOOD DRIVE**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **Joseph Dykes**
 STREET ADDRESS **806 Grand Vista Trail,**
 CITY-ST-ZIP **Leesburg, FL 34748**

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)

James M. Walker, 2/19/02 352-787-2395

Date

Daytime Phone #

CR2E037 (9/01)

Attachment

ADDITIONAL DIRECTORS

William D. O'Dell
21936 King Henry Ave.,
Leesburg, FL 34748

Kathleen Roberts
6209 Richland Ave.,
Leesburg, FL 34748

#714317
332834