

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90113 048 \*\*\*\*61.25

0070267

**DOCUMENT # 716541**  
 1. Entity Name  
**KIWANIS CLUB OF FORT MYERS BEACH FLORIDA, INCORP**

Principal Place of Business      Mailing Address  
 P O BOX 2507      P O BOX 2507  
 FORT MYERS BEACH FL 33932      FORT MYERS BEACH FL 33932

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 **59-6211044**      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  
**WELTON, ROGER S.**  
**4263 BAY BEACH LN, APT 114**  
**FT. MYERS BEACH FL 33931**

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	SD SOUTHWORTH, DEAN	<input type="checkbox"/> Delete
STREET ADDRESS	169 IBIS ST	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE NAME	TD WELTON, ROGER S.	<input type="checkbox"/> Delete
STREET ADDRESS	4263 BAY BEACH LANE, #114	
CITY-ST-ZIP	FT. MYERS BEACH FL	
TITLE NAME	VP ROWE, MARTIN	<input type="checkbox"/> Delete
STREET ADDRESS	1465 EDGE WATER CIR.	
CITY-ST-ZIP	FT.MYERS BCH FL 33919	
TITLE NAME	PD SNAPP, THOMAS	<input type="checkbox"/> Delete
STREET ADDRESS	113 GULFVIEW AVE	
CITY-ST-ZIP	FT MYERS BCH FL 33931	
TITLE NAME	D VANDERSPOEL, ARNOLD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	243 MIRIMAR ST	
CITY-ST-ZIP	FT. MYERS BCH. FL	
TITLE NAME	V MEYERS, ED	<input type="checkbox"/> Delete
STREET ADDRESS	165 ANCHARGE ST	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D PETERSON, BRIAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	280 NATURE WAY	
CITY-ST-ZIP	FT MYERS BEACH, FL, 33931	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Roger S. Welton*      *Roger S. Welton, Treasurer*      4/26/01      941-463-3192  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)