

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90033 047 \*\*\*\*61.25

**DOCUMENT # 721566**

1. Entity Name

**KIWANIS CLUB OF COCOA, FLORIDA, ACTIVITIES FUND, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 1121  
 COCOA FL 32923

P.O. BOX 1121  
 COCOA FL 32923

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-7160364**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARTALOT, THOMAS W**  
**1838 BARRINGTON CR**  
**ROCKLEDGE FL 32955**

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 **VP** ☒ Delete  
 NAME **WATSON, VIC**  
 STREET ADDRESS **4760 BRENTWOOD DR.**  
 CITY-ST-ZIP **COCOA FL 32927**

TITLE **Pres.** ☐ Change ☒ Addition  
 NAME **MARY MCNEA**  
 STREET ADDRESS **58 COLONIAL DR.**  
 CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE **D** ☐ Delete  
 NAME **BARFIELD, CHARLES**  
 STREET ADDRESS **1004 JERSEY STREET**  
 CITY-ST-ZIP **PT. ST. JOHN FL 32927**

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

TITLE **PPT** ☐ Delete  
 NAME **WATSON, VIC**  
 STREET ADDRESS **4760 BRENTWOOD DR**  
 CITY-ST-ZIP **COCOA FL 32927**

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

TITLE **VP** ☐ Delete  
 NAME **HOSKINS, BILL**  
 STREET ADDRESS **2231 ALEXANDER DR**  
 CITY-ST-ZIP **TITUSVILLE FL 32780**

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

TITLE **T** ☐ Delete  
 NAME **BARTALOT, TOM**  
 STREET ADDRESS **1838 BARRINGTON CR**  
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

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

TITLE **VP** ☐ Delete  
 NAME **NEST, BRENDA V**  
 STREET ADDRESS **5305 LAKE POINSETT DR**  
 CITY-ST-ZIP **COCOA FL 32926**

TITLE ☐ Change ☐ 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: **Thomas W. Bartalot** **THOMAS W. BARTALOT** 3/4/02 321 637 9286  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)