

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90031 036 ****70.00

DOCUMENT # 722413

1. Entity Name

THE CIVITAN CLUB OF HOMESTEAD, FLORIDA, INC.

Principal Place of Business

901107
P.O. BOX ~~301889~~
24 NE 12TH ST
HOMESTEAD FL 33090-1889
US

Mailing Address

P.O. BOX ~~301889~~ - 901107
HOMESTEAD FL 33090-1889
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6166244

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

CAMPBELL, RUTH
24 N.E. 12 ST.
HOMESTEAD FL 33030

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

Ruth Campbell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/10/02

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	D	<input type="checkbox"/> Delete
NAME	KIRCHER, NEREYDA B	
STREET ADDRESS	18000 SW 184 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	PE	<input checked="" type="checkbox"/> Delete
NAME	VIVER, MAGGIE	
STREET ADDRESS	15539 SW 152 LN	
CITY-ST-ZIP	MIAMI FL	
TITLE	Director	<input type="checkbox"/> Delete
NAME	CURRIE JR, CHARLES W	
STREET ADDRESS	548 SW 2ND ST	
CITY-ST-ZIP	FLORIDA CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELMORE, JOYCE B.	
STREET ADDRESS	405 NW 14 STREET	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BURGESS, CHARLOTTE	
STREET ADDRESS	453 NW 17 ST	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KESTEL, IDANIA	
STREET ADDRESS	8520 SW 185 TERR	
CITY-ST-ZIP	MIAMI FL	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert C. Kircher	
STREET ADDRESS	18000 SW 184 ST.	
CITY-ST-ZIP	Miami, FL 33187	
TITLE	PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Odum, Jr.	
STREET ADDRESS	34625 SW 214 Ave.	
CITY-ST-ZIP	Homestead, FL 33034	
TITLE		<input checked="" 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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elizabeth Currie	
STREET ADDRESS	546 SW 2nd St.	
CITY-ST-ZIP	Florida City, FL 33034	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cesare Feliciano	
STREET ADDRESS	1786 NW 19 St-	
CITY-ST-ZIP	Homestead, FL 33030	

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:

Robert C. Kircher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/02

Date

305-235-6223

Daytime Phone #

CR2E037 (9/01)