## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

## FILED **DOCUMENT # 726478** Jun 14, 2000 8:00 am 1. Entity Name KIWANIS CLUB OF TALLAHASSEÉ NORTHSIDE, FLORIDA, **Secretary of State** 06-14-2000 90039 036 \*\*\*\*61.25 Principal Place of Business Mailing Address 1537 WOODGATE WAY 1537 WOODGATE WAY TALLAHASSEE FL 32312 TALLAHASSEE FL 32312-3228 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FE! Number 23-7194416 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) WILLIAMS, JAMES H. 1537 WOODGATE WAY TALLAHASSEE FL 32312 City 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE Delete TITLE NAME NAME AGNER, W S STREET ADDRESS STREET ADDRESS 1537 WOODGATE WAY CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Change Addition TITLE 🔀 Delete TITLE CURRO, ANDREA NAME SCOTT, JOHN NAME 137 Woodpotes wey STREET ADDRESS STREET ADDRESS 1537 WOODGATE WAY CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 TITLE Detete TITLE Change Addition A NAME -CRAFT: J.A-NAME > STREET ADDRESS 1537 WOODGATE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 Change ☐ Delete TITLE ☐ Addition NAME YON, U NAME STREET ADDRESS STREET ADDRESS 1537 WOODGATE WAY. CITY-ST-ZIP CITY-ST-ZIP Tallahassee FL 32312 Delete TITLE Change Addition TITLE NAME CROSBY, MICHELLE NAME STREET ADDRESS STREET ADDRESS 1537 WOODGATE WAY. CITY-ST-ZIP CITY-ST-7IP TALLAHASSEE FL 32312 ☐ Addition TITLE ☐ Delete TITLE NAME WILLIAMS, J.H. NAME STREET ADDRESS 1537 WOODGATE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALL FL 32312 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