

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90246 020 ****61.25

DOCUMENT # 726478

1. Entity Name

KIWANIS CLUB OF TALLAHASSEE NORTHSIDE, FLORIDA, INC.

Principal Place of Business

Mailing Address

**1537 WOODGATE WAY
TALLAHASSEE FL 32312**

**1537 WOODGATE WAY
TALLAHASSEE FL 32312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip **32308**

Country

Zip **32308**

Country

4. FEI Number

23-7194416

Applied For

Not Applicable

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

**WILLIAMS, JAMES H.
1537 WOODGATE WAY
TALLAHASSEE FL 32312**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code **32308**

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 **D** ☐ Delete
NAME **AGNER, W S**
STREET ADDRESS **1537 WOODGATE WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☐ Delete
NAME **IVESTER, MARK**
STREET ADDRESS **4484 FOX CROFT DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **S** ☐ Delete
NAME **MIZELL, JAMIE**
STREET ADDRESS **1537 WOODGATE WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☐ Delete
NAME **YON, U**
STREET ADDRESS **1537 WOODGATE WAY.**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **P** ☐ Delete
NAME **HARRIS, EARLY**
STREET ADDRESS **1537 WOODGATE WAY.**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **T** ☐ Delete
NAME **WILLIAMS, J.H.**
STREET ADDRESS **1537 WOODGATE WAY**
CITY-ST-ZIP **TALL FL 32312**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **Boyd, Mary**
STREET ADDRESS **1834 S Meridian St.**
CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE ☒ Change ☐ Addition
NAME **Devester, Mark**
STREET ADDRESS **4484 Foxcroft Dr.**
CITY-ST-ZIP **Tallahassee, FL 32309**

TITLE ☒ Change ☐ Addition
NAME **Harper, MHC**
STREET ADDRESS **3576 Cotton Woods Dr.**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE ☒ Change ☐ Addition
NAME **Park, Vernon**
STREET ADDRESS **4106 Arklow Dr.**
CITY-ST-ZIP **Tallahassee, FL 32309**

TITLE ☒ Change ☐ Addition
NAME **Harris, Early**
STREET ADDRESS **3216 Nuliberty Blvd.**
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE ☒ Change ☐ Addition
NAME **Williams, J.H.**
STREET ADDRESS **1537 Woodgate Way**
CITY-ST-ZIP **Tallahassee, FL 32308**

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:

JAMES H. WILLIAMS **04/04/02** **850-385-6230**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)