

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91408 026 \*\*\*\*61.25

**DOCUMENT # 728648**

1. Entity Name  
**KIWANIS CLUB OF CORAL SPRINGS - PARKLAND, INC.**



Principal Place of Business  
**P.O. BOX 8145  
CORAL SPRINGS FL 33075-8145**

Mailing Address  
**P.O. BOX 8145  
CORAL SPRINGS FL 33075-8145**

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 **23-7347138**

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

**ROGERS, JOHN ESQ.  
1881 UNIVERSITY DR.  
CORAL SPRINGS FL 33065**

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. I am familiar with, and accept, the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **PATERSON, WALTER**  
STREET ADDRESS **11301 HERON BAY BLVD, APT 29H**  
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

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

TITLE ☒ Delete  
NAME **STEVENSON, RIC**  
STREET ADDRESS **6000 NW 61 ST**  
CITY-ST-ZIP **PARKLAND FL 33067**

TITLE ☒ Change ☐ Addition  
NAME **Snyder, William**  
STREET ADDRESS **113 SW 100 TERR**  
CITY-ST-ZIP **Coral Springs FL 33071**

TITLE ☒ Delete  
NAME **WILLIAMS, ALEX J. JR.**  
STREET ADDRESS **4708 N.W. 60TH LANE**  
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☒ Change ☒ Addition  
NAME **Molly St. Caush**  
STREET ADDRESS **177 NW 51st Way**  
CITY-ST-ZIP **Coral Springs FL 33071**

TITLE ☒ Delete  
NAME **SNYDER, WILLIAM**  
STREET ADDRESS **113 SW 100 TERR**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Change ☒ Addition  
NAME **Louis Gouze**  
STREET ADDRESS **7522 Wiles Rd. #102**  
CITY-ST-ZIP **Coral Springs FL**

TITLE ☒ Delete  
NAME **JOHN C DOWNS**  
STREET ADDRESS **5300 NW 33RD AVE 217**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☒ Change ☒ Addition  
NAME **Steve Sprengle**  
STREET ADDRESS **1361 Oakman Terrace**  
CITY-ST-ZIP **Coral Springs FL 33071**

TITLE ☐ Delete  
NAME **BOAST, MARY**  
STREET ADDRESS **9939 NW 19TH STREET**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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:

*Walter D. Paterson*

*Walter D. Paterson #1263 4547570125*

CR2E037 (10/02)

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment

DOCUMENT # **728648**

1. Entity Name  
**KIWANIS CLUB OF CORAL SPRINGS - PARKLAND, INC.**



90112475

Principal Place of Business  
P.O. BOX 8145  
CORAL SPRINGS FL 33075-8145

Mailing Address  
P.O. BOX 8145  
CORAL SPRINGS FL 33075-8145

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
Zip Country

4. FEI Number **23-7347138**  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**ROGERS, JOHN ESQ.**  
**1881 UNIVERSITY DR.**  
**CORAL SPRINGS FL 33065**

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Each new agent signature is required when re-registering)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Approved Change by \_\_\_\_\_  
Filing Agent/Supervisor of Office

## 10. OFFICERS AND DIRECTORS

| TITLE | NAME                         | STREET ADDRESS                       | CITY-ST-ZIP                   | <input type="checkbox"/> Delete     |
|-------|------------------------------|--------------------------------------|-------------------------------|-------------------------------------|
|       | <b>PATERSON, WALTER</b>      | <b>11301 HERON BAY BLVD, APT 28H</b> | <b>CORAL SPRINGS FL 33076</b> | <input type="checkbox"/>            |
|       | <b>STEVENSON, RIC</b>        | <b>6000 NW 61 ST</b>                 | <b>PARKLAND FL 33067</b>      | <input checked="" type="checkbox"/> |
|       | <b>WILLIAMS, ALEX J. JR.</b> | <b>4708 N.W. 60TH LANE</b>           | <b>CORAL SPRINGS FL</b>       | <input checked="" type="checkbox"/> |
|       | <b>SNYDER, WILLIAM</b>       | <b>113 SW 100 TERR</b>               | <b>CORAL SPRINGS FL 33071</b> | <input checked="" type="checkbox"/> |
|       | <b>JOHN C DOWNS</b>          | <b>5300 NW 33RD AVE 217</b>          | <b>FT LAUDERDALE FL</b>       | <input checked="" type="checkbox"/> |
|       | <b>BOAST, MARY</b>           | <b>8839 NW 19TH STREET</b>           | <b>CORAL SPRINGS FL 33071</b> | <input type="checkbox"/>            |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE    | NAME                    | STREET ADDRESS                         | CITY-ST-ZIP                        | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|----------|-------------------------|----------------------------------------|------------------------------------|---------------------------------|----------------------------------------------|
| <b>D</b> | <b>John Drewes</b>      | <b>7941 Exeter Circle East</b>         | <b>TAMARAC FL 33321-8793</b>       | <input type="checkbox"/>        | <input checked="" type="checkbox"/>          |
| <b>V</b> | <b>Barbara Witte</b>    | <b>1706 Paige Trce Blvd. W.</b>        | <b>Coral Springs Fl 33071</b>      | <input type="checkbox"/>        | <input checked="" type="checkbox"/>          |
| <b>P</b> | <b>Werner Diehl</b>     | <b>935 NW 118 Lane</b>                 | <b>Coral Springs FL 33071-5050</b> | <input type="checkbox"/>        | <input checked="" type="checkbox"/>          |
| <b>D</b> | <b>Daniel Prudhomme</b> | <b>2440 E. Commercial Blvd Suite 1</b> | <b>Ft. Lauderdale FL 33308</b>     | <input type="checkbox"/>        | <input checked="" type="checkbox"/>          |
| <b>B</b> | <b>Rizzo, Barbara</b>   | <b>3639 NW 35th St.</b>                | <b>Cocoanut Creek Fl 33066</b>     | <input type="checkbox"/>        | <input checked="" type="checkbox"/>          |
| <b>D</b> | <b>Ramosciak Robert</b> | <b>8422 NW 7th Ave.</b>                | <b>Coral Springs FL 33071</b>      | <input type="checkbox"/>        | <input checked="" type="checkbox"/>          |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(b), 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.

See P. 1

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Zip Code

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SIGNATURE

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

(NOTE: Registered agent's signature required when re-registering)

DATE

FILE NOW: FEE IS \$81.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

Know Where to Go for  
Florida Department of Banking

10. OFFICERS AND DIRECTORS

|       |                              |                                      |                               |                                            |
|-------|------------------------------|--------------------------------------|-------------------------------|--------------------------------------------|
| TITLE | NAME                         | STREET ADDRESS                       | CITY-STATE-ZIP                | <input type="checkbox"/> Delete            |
|       | <b>PATERSON, WALTER</b>      | <b>11301 HERON BAY BLVD, APT 20H</b> | <b>CORAL SPRINGS FL 33076</b> |                                            |
| TITLE | NAME                         | STREET ADDRESS                       | CITY-STATE-ZIP                | <input checked="" type="checkbox"/> Delete |
|       | <b>STEVENSON, RIC</b>        | <b>6000 NW 61 ST</b>                 | <b>PARKLAND FL 33087</b>      |                                            |
| TITLE | NAME                         | STREET ADDRESS                       | CITY-STATE-ZIP                | <input checked="" type="checkbox"/> Delete |
|       | <b>WILLIAMS, ALEX J. JR.</b> | <b>4708 N.W. 60TH LANE</b>           | <b>CORAL SPRINGS FL</b>       |                                            |
| TITLE | NAME                         | STREET ADDRESS                       | CITY-STATE-ZIP                | <input checked="" type="checkbox"/> Delete |
|       | <b>SNYDER, WILLIAM</b>       | <b>113 SW 100 TERR</b>               | <b>CORAL SPRINGS FL 33071</b> |                                            |
| TITLE | NAME                         | STREET ADDRESS                       | CITY-STATE-ZIP                | <input checked="" type="checkbox"/> Delete |
|       | <b>JOHN C DOWNS</b>          | <b>5300 NW 33RD AVE 217</b>          | <b>FT LAUDERDALE FL</b>       |                                            |
| TITLE | NAME                         | STREET ADDRESS                       | CITY-STATE-ZIP                | <input type="checkbox"/> Delete            |
|       | <b>BOAST, MARY</b>           | <b>9939 NW 19TH STREET</b>           | <b>CORAL SPRINGS FL 33071</b> |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|       |                       |                           |                               |                                                                              |
|-------|-----------------------|---------------------------|-------------------------------|------------------------------------------------------------------------------|
| TITLE | NAME                  | STREET ADDRESS            | CITY-STATE-ZIP                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|       | <b>Colon Jennifer</b> | <b>4854 NW 104th Lane</b> | <b>Coral Springs FL 33076</b> |                                                                              |
| TITLE | NAME                  | STREET ADDRESS            | CITY-STATE-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE | NAME                  | STREET ADDRESS            | CITY-STATE-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE | NAME                  | STREET ADDRESS            | CITY-STATE-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE | NAME                  | STREET ADDRESS            | CITY-STATE-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE | NAME                  | STREET ADDRESS            | CITY-STATE-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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SIGNATURE

See P. 1

Date

Daytime Phone #

2003-12-01-000000