

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728739

1. Entity Name

SOUTH SARASOTA KIWANIS FOUNDATION, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90009 019 ****61.25

Principal Place of Business

Mailing Address

2209 CIRCLEWOOD DR
SARASOTA FL 34231

2209 CIRCLEWOOD DR
SARASOTA FL 34231-5740

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6207020

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

O HARA, RUSSELL PETER
2209 CIRCLEWOOD DR
SARASOTA, FL
34231

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 VD ☒ Delete
NAME HICKERNELL, JR
STREET ADDRESS 4799 DOVR TR CT
CITY-ST-ZIP SARASOTA FL

TITLE PD ☐ Change ☐ Addition
NAME HICKERNELL, JR.
STREET ADDRESS 4799 Dover TR CT
CITY-ST-ZIP Sarasota, FL 34238

TITLE PD ☒ Delete
NAME GRADY, FRED
STREET ADDRESS 5666 SAWYER RD
CITY-ST-ZIP SARASOTA FL

TITLE VD ☐ Change ☐ Addition
NAME CHARUHAS, SARA
STREET ADDRESS 7464 Cass Circle
CITY-ST-ZIP Sarasota, FL 34231

TITLE SD ☐ Delete
NAME SCHERTLE, FRANK
STREET ADDRESS 7515 STARFISH LANE
CITY-ST-ZIP SARASOTA, FL 00000

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

TITLE TD ☐ Delete
NAME O'HARA, RUSSELL
STREET ADDRESS 2209 CIRCLEWOOD DR
CITY-ST-ZIP SARASOTA FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Russell P. O'Hara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Russell P. O'Hara

4/13/00

941-922-3921

Date

Daytime Phone #

CR2E037 (9/99)