

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730454

1. Entity Name

KIWANIS CLUB OF FORT MYERS SOUTH, FLORIDA, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90020 029 ****61.25

Principal Place of Business

3949 EVANS AVE. #206
 FT. MYERS FL 33901
 US

Mailing Address

3949 EVANS AVE. #206
 FT. MYERS FL 33901
 US

2. Principal Place of Business

P.O. Box 60273

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33906

Country

3. Mailing Address

P.O. Box 60273

Suite, Apt. #, etc.

City & State

Fort Myers, FL 33906

Zip

33906

Country

USA

4. FEI Number

23-7273390

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SEXTON, JOSEPH T
 3949 EVANS AVE. #206
 FT. MYERS FL 33901

7. Name and Address of New Registered Agent

Name

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

1700 Monroe Street

Suite 3117A

City

Fort Myers

FL

Zip Code

33901

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

9/16/00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	P	<input checked="" type="checkbox"/> Delete
NAME	KAREH, AHMD	
STREET ADDRESS	4232 COUNTRY CLUB BLVD.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SEXTON, JOSEPH	
STREET ADDRESS	3949 EVANS AVE. #206	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRANCIS, ALAN	
STREET ADDRESS	1576 WILTON LN.	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	T	<input type="checkbox"/> Delete
NAME	SANDFORD, ANNE	
STREET ADDRESS	13009 TALL PINE CIR.	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRISWOLD, EUNICE	
STREET ADDRESS	14151 OAK HAMMOCK LN.	
CITY-ST-ZIP	FT. MYERS FL 33905	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROESSNER, JOHN	
STREET ADDRESS	13640 SIX MILE CYPRESS	
CITY-ST-ZIP	FT. MYERS FL 33912	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Joseph Sexton President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1700 Monroe Street	
STREET ADDRESS	Fort Myers, FL 33901	
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Moeggenberg	
STREET ADDRESS	1442 Onbonnet Ct.	
CITY-ST-ZIP	FL Myers, FL 33919	
TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alan Francis	
STREET ADDRESS	14867 Soaring Eagle Ct.	
CITY-ST-ZIP	FL Myers, FL 33912	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anne Sandford	
STREET ADDRESS	1801 Brantley Rd, # 2013	
CITY-ST-ZIP	FL Myers, FL 33907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Thornquist	
STREET ADDRESS	1624 Pine Valley Dr. #206	
CITY-ST-ZIP	FL Myers, FL 33912	

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:

Signature Required President

991-335-2854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)