

2002 UNIFORM BUSINESS REPORT (UBR)

3/21

FILED
Jun 06, 2002 8:00 am
Secretary of State

03-22-2002 90062 008 ****61.25

DOCUMENT # 730454

1. Entity Name

KIWANIS CLUB OF FORT MYERS SOUTH, FLORIDA, INC.

Principal Place of Business

PO BOX 60273
 FT MYERS FL 33906
 US

Mailing Address

PO BOX 60273
 FT MYERS FL 33906
 US

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

23-7273390

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

HESS, STEVE
6441 EMERALD PINES CIRCLE
FORT MYERS FL 33912

Name **ALAN FRANCIS**

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

PO Box 60273 10543 Wine Palm Rd

City

FORT MYERS

FL

Zip Code

33906

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.

33912

SIGNATURE

Alan Francis

6-March-2002

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	P	<input type="checkbox"/> Delete
NAME	KAREH, AHMD	
STREET ADDRESS	4232 COUNTRY CLUB BLVD.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SEXTON, JOSEPH	
STREET ADDRESS	3949 EVANS AVE. #206	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	P	<input type="checkbox"/> Delete
NAME	MOEGENBERG, GEORGE	
STREET ADDRESS	1442 DUBONNET CT	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, TODD	
STREET ADDRESS	14611 GLEN COVE DR #1402	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRISWOLD, EUNICE	
STREET ADDRESS	10543 WINE PALM RD.	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	THORNQUIST, TOM	
STREET ADDRESS	1624 PINE VALLEY DR. #206	
CITY-ST-ZIP	FORT MYERS FL 33907	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESS, STEVE	
STREET ADDRESS	6441 EMERALD PINES CIRCLE	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROHRS, RON	
STREET ADDRESS	11131 MAHOGANY RUN	
CITY-ST-ZIP	FORT MYERS, FL 33913-8159	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALAN FRANCIS	
STREET ADDRESS	10543 WINE PALM ROAD	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNE SANDFORD	
STREET ADDRESS	1801 BRANTLEY ROAD, #2013	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Alan Francis **ALAN FRANCIS**

6-March-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)