

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90498 048 ****61.25

0069017

DOCUMENT # 731905

1. Entity Name

KIWANIS CLUB OF HARNEY POINT, CAPE CORAL, FLORID

Principal Place of Business

PO BOX 100295
 CAPE CORAL FL 33910

Mailing Address

PO BOX 100295
 CAPE CORAL FL 33910

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

23-7274999

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

**WILLIAMSON, DONNA
 734 SE 43RD ST
 CAPE CORAL FL 33904**

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 **D** ☐ Delete
 NAME **CAMPBELL, MARY LOU**
 STREET ADDRESS **1714 S.E. 11 TERR**
 CITY-ST-ZIP **CAPE CORAL FL 33990**

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

TITLE **P** ☐ Delete
 NAME **WILLIAMSON, DONNA**
 STREET ADDRESS **734 SE 43RD ST**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **D** ☒ Change ☐ Addition
 NAME **WILLIAMSON, DONNA**
 STREET ADDRESS **734 SE 43RD ST**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **S** ☐ Delete
 NAME **PARRISH, LINDA**
 STREET ADDRESS **4945 SEVILLE CT**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

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

TITLE **VP** ☐ Delete
 NAME **LEATHERS, SANDY**
 STREET ADDRESS **3206 SE 19TH PL**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **P** ☒ Change ☐ Addition
 NAME **LEATHERS, SANDY**
 STREET ADDRESS **3206 SE 19TH PL**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **D** ☒ Delete
 NAME **WEINSTEIN, PAUL**
 STREET ADDRESS **2631 SE 19TH AVE**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **VP/D** ☐ Change ☒ Addition
 NAME **ENGEL, CARL**
 STREET ADDRESS **34 FLETCHER DR.**
 CITY-ST-ZIP **N. F. MYERS, FL. 33903**

TITLE **TD** ☐ Delete
 NAME **DARKIN, JACK**
 STREET ADDRESS **5510 SW 4TH PL #204**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-6-01 941-945-6042

CR2E037 (10/00)