

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 12, 2002 8:00 am**  
**Secretary of State**

08-12-2002 90012 026 \*\*\*\*61.25

**DOCUMENT # 731905**

1. Entity Name

**KIWANIS CLUB OF HARNEY POINT, CAPE CORAL, FLORID  
A, INC.**

Principal Place of Business

Mailing Address

PO BOX 100295  
CAPE CORAL FL 33910

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

4. FEI Number

**23-7274999**

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

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

SIGNATURE

*Donna Williamson*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8.7.02**

DATE

**After September 13, 2002,  
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

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 **P** ☒ Change ☐ Addition  
NAME **CAMPBELL MARY LOU**  
STREET ADDRESS **1714 S.E. 11 TERR.**  
CITY-ST-ZIP **CAPE CORAL FL 33990**

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

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

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

TITLE **SD** ☒ Change ☐ Addition  
NAME **BARRIER SUSAN**  
STREET ADDRESS **2008 S.E. 9th TERR**  
CITY-ST-ZIP **CAPE CORAL FL 33990**

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

TITLE **SD** ☒ Change ☐ Addition  
NAME **BAADEN BERNICE**  
STREET ADDRESS **1730 SANDY CT.**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **VPD** ☐ Delete  
NAME **ENGEL, CARL**  
STREET ADDRESS **34 FLETCHER DR**  
CITY-ST-ZIP **NORTH FORT MYERS FL 33903**

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

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:

*Mary Lou Campbell*  
Signature Required

**8.07.02**

CR2E037 (4/02)