2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **74333** Jan 20, 2000 8:00 am Secretary of State 1. Entity Name KIWANIS CLUB OF GREATER ORANGE PARK, INC. 01-20-2000 90111 044 ****61.25 Principal Place of Business Mailing Address P.O. BOX 164 P.O. BOX 164 **ORANGE PARK FL 32067** ORANGE PARK FL 32067-0164 **Μυσυστυί** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2151333 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ORREN, ROY H 2851 MARION CT. W. **ORANGE PARK FL 32073** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change Change ☐ Addition TITLE ☐ Delete TITLE ORREN, ROY H Roy Homen NAME NAME 1139 Lake Asbury Drive 2851 MARION CT. W. STREET ADDRESS STREET ADDRESS ORANGE PARK FL 32073 CITY-ST-ZIP CITY-ST-ZIE Green Cove Springs, FL 32043 ☐ Delete TITLE DYSON, SHIRLEY Shirley Dyson 1130 Cactus Cut Road NAME NAME 447 BRIGHTON AVE STREET ADDRESS STREET ADDRESS ORANGE PARK FL 32073 CITY-ST-ZIP CITY-ST-ZIP Middleburg , FL 32068 ☐ Change Addition Delete TITI F TITLE WITTE, STEVEN NAME NAME Tabe Lovin 1558 DOLPHIN CT. STREET ADDRESS 8601 Boxberry Lane STREET ADDRESS ORANGE PARK FL 32073 CITY-ST-ZIP CITY-ST-ZIF Jacksonville, FL 32244 Delete ☐ Change Addition TITLE TITLE Timothy Coleman MACKIN, TOM NAME 2700 COUNTRY CLUB BLVE 2864 Blackberry Ave. STREET ADDRESS STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP CITY-ST-ZIP Addition Delete ☐ Change TITLE TITLE Lillian Bell MIDDLEMAS, TODD NAME NAME 169 VANDERFORD ROAD WEST 720 Creishten Road STREET ADDRESS STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE DOUGLAS, AIOSA NAME 1313 CUTLASS RD STREET ADDRESS STREET ADDRESS ORGANGE PARK FL 32065 CITY-ST-ZIP CITY-ST-7IP

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:

TRIGHAMIPE LEE AUINFIEC SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-264-9768