

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743630

1. Entity Name

KIWANIS CLUB OF CARROLLWOOD, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90091 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

11404 LARKWOOD WAY  
 PO BOX 270854  
 TAMPA FL 33625-5611  
 US

11404 LARKWOOD WAY  
 PO BOX 270854  
 TAMPA FL 33625-5611  
 US

2. Principal Place of Business

*SAME*

3. Mailing Address

*SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

*US*

Zip

Country

*US*

4. FEI Number

59-1880886

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

7. Name and Address of New Registered Agent

UNDERHILL, JULIAN S.  
 11404 LARKWOOD WAY  
 TAMPA FL 33625-2611

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: **DS**  Delete  
 NAME: **UNDERHILL, JULIAN S.**  
 STREET ADDRESS: **11404 LARKWOOD WAY**  
 CITY-ST-ZIP: **TAMPA FL**

TITLE: **President**  Change  Addition  
 NAME: **Manion Joseph**  
 STREET ADDRESS: **5008 Linebaugh Ave**  
 CITY-ST-ZIP: **TAMPA FL 33625**

TITLE: **D**  Delete  
 NAME: **MAUK, JAY**  
 STREET ADDRESS: **13902 N. DALE MABRY, STE. 160**  
 CITY-ST-ZIP: **TAMPA FL**

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

TITLE: **DT**  Delete  
 NAME: **WIRGES, FRANK F**  
 STREET ADDRESS: **13902 N DALE MABRY, STE 160**  
 CITY-ST-ZIP: **TAMPA, FL 00000**

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

TITLE: **VP**  Delete  
 NAME: **ANDERSON, EDWARD**  
 STREET ADDRESS: **13902 N DALE MABRY STE 160**  
 CITY-ST-ZIP: **TAMPA FL**

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

TITLE: **D**  Delete  
 NAME: **JOHNSON, DOUGLAS**  
 STREET ADDRESS: **13902 N. DALE MABRY STE 160**  
 CITY-ST-ZIP: **TAMPA FL**

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

TITLE: **D**  Delete  
 NAME: **COLE, JUNE**  
 STREET ADDRESS: **13902 N. DALE MABRY STE 160**  
 CITY-ST-ZIP: **TAMPA FL**

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

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**

*Julian S Underhill* 1/7/00 813 962-1672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)