

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

02-19-2001 90259 019 ****61.25

DOCUMENT # 743630

1. Entity Name

KIWANIS CLUB OF CARROLLWOOD, INC.



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

30954



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

~~270~~ P.O. Box 270854

P.O. Box 270854

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-1880886

Applied For

Not Applicable

Zip

33688

Country

Hillsborough, L

Zip

33688

Country

Hillsborough

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

UNDERHILL, JULIAN S.
 11404 LARKWOOD WAY
 TAMPA FL 33625-2811

Name

Gordon, Nancy

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

3702 West Bearss

City

Tampa, FL

FL

Zip Code

33618

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

02/14/01

**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	<input checked="" type="checkbox"/> Delete
NAME	UNDERHILL, JULIAN S.	
STREET ADDRESS	11404 LARKWOOD WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	WIRGES, FRANK F	
STREET ADDRESS	13902 N DALE MABRY, STE 160	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLE, JUNE	
STREET ADDRESS	13902 N. DALE MABRY STE 160	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	mastorrio, Dave	
STREET ADDRESS	13850 Sheldon Road	
CITY-ST-ZIP	Tampa, FL 33626	Director
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gordon, Nancy	
STREET ADDRESS	3702 West Bearss	
CITY-ST-ZIP	Tampa, FL 33618	Director
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cole, June	
STREET ADDRESS	13920 Popparill Drive	
CITY-ST-ZIP	Tampa FL 33624	Director/Sec
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Regandry, Percy	
STREET ADDRESS	4809-A Ehrlich Road	
CITY-ST-ZIP	Tampa FL 33624	Director Treas
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR20037 (10/00)

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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/01

Date

(813) 961-8858

Daytime Phone #