

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90936 017 \*\*\*\*61.25

**DOCUMENT # 744132**

1. Entity Name

**KIWANIS CLUB OF GOLDEN INDIANS, VENICE, FLORIDA,**

Principal Place of Business

C/O JOHN BLOCHER  
918 YBOR AVE  
VENICE FL 34292  
US

Mailing Address

C/O JOHN BLOCHER  
918 YBOR AVE  
VENICE FL 34292  
US

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

**59-1975845**

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

**BLOCHER, JOHN  
915 YBOR AVE  
VENICE FL 34292**

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

*John S. Blocher*

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

(NOTE: Registered Agent signature required when reinstating)

*April 25, 2001*

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 PD ☐ Delete  
NAME MOGER, JESS  
STREET ADDRESS 971 VINCENT AVE  
CITY-ST-ZIP VENICE FL 34292

TITLE PD ☐ Change ☐ Addition  
NAME Darrington, Edward  
STREET ADDRESS 940 Bonaire Ave  
CITY-ST-ZIP Venice, Fl. 34292

TITLE TD ☐ Delete  
NAME BLOCHER, JOHN  
STREET ADDRESS 918 YBOR AVE  
CITY-ST-ZIP VENICE FL 34292

TITLE TD ☐ Change ☐ Addition  
NAME Blocher, John  
STREET ADDRESS 918 Ybor, Ave  
CITY-ST-ZIP Venice, Fl. 34292

TITLE VP ☐ Delete  
NAME DARRINGTON, EDWARD  
STREET ADDRESS 940 BONAIRE AVE  
CITY-ST-ZIP VENICE FL 34292

TITLE VP ☒ Change ☐ Addition  
NAME Huffman, Don  
STREET ADDRESS 1187 Juanita  
CITY-ST-ZIP Venice, Fl. 34292

TITLE D ☐ Delete  
NAME WESTFALL, FRANK  
STREET ADDRESS 965 TRINADAD AVE  
CITY-ST-ZIP VENICE FL 34292

TITLE D ☐ Change ☐ Addition  
NAME Westall, Frank  
STREET ADDRESS 965 Trinidad Ave  
CITY-ST-ZIP Venice, Fl. 34292

TITLE SD ☐ Delete  
NAME FULTON, FRED  
STREET ADDRESS 933 WINDEMERE AVE  
CITY-ST-ZIP VENICE FL 34292

TITLE SD ☐ Change ☐ Addition  
NAME Fulton, Fred  
STREET ADDRESS 933 Windemere Ave  
CITY-ST-ZIP Venice, Fl 34292

TITLE D ☐ Delete  
NAME BAKER, DAVID  
STREET ADDRESS 994 CAYMAN AVE  
CITY-ST-ZIP VENICE FL 34292

TITLE D ☐ Change ☐ Addition  
NAME Baker, David  
STREET ADDRESS 994 Cayman Ave  
CITY-ST-ZIP Venice, Fl. 34292

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

*John S. Blocher*  
**JOHN S. BLOCHER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/25/01*

Date

*(941) 485-2734*

Daytime Phone #

CR2E037 (10/00)