

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746330

1. Entity Name

KIWANIS CLUB OF HOMOSASSA SPRINGS, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90178 017 ****61.25

Principal Place of Business

Mailing Address

SOUTHERN WOODS C.C.
1501 CORKWOOD BLVD.
HOMOSASSA SPRINGS FL 34446
US

P O BOX 1310
HOMOSASSA SPRINGS FL 34447-1310
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

36-1327510

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

LANGGUTH, GEORGE F
5545 BENCHMARK LN
SANFORD FL 32773

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
VD	GRAHAM, JACK	10 BLUE BEECH CT	HOMOSASSA FL 34446	<input type="checkbox"/>
D	RAYMOND LAWERNCE J	6 DOUGLAS CT S	HOMOSASSA FL	<input type="checkbox"/>
D	MENKEN, JOHN	5030 STETSON PT DR	HOMOSASSA FL	<input type="checkbox"/>
SD	ZSEMBIK, THOMAS	15 GRAYTWIG CTW	HOMOSASSA FL	<input checked="" type="checkbox"/>
TD	GRAY, DONALD	11 CATALPA CT.	HOMOSASSA FL	<input checked="" type="checkbox"/>
VD	JOHNNIE GREGORY I	11 BALSAM CT W	HOMOSASSA FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
SD	SAHL, LARS	636 W NATIONAL ST	HERNANDO, FL 34442	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	JOHN "BILL" ALECKSON	11587 W TIMBERLANE DR	HOMOSASSA, FL 34448	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 02/15/00

Daytime Phone # 352-746-1881

CR2E037 (9/99)