

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747703

1. Entity Name

KIWANIS CLUB OF ST. JAMES CITY, FLORIDA, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90100 050 ****61.25

Principal Place of Business 8150 STRINGFELLOW RD PO BOX 111 ST. JAMES CITY FL 33956	Mailing Address 8150 STRINGFELLOW RD PO BOX 111 ST. JAMES CITY FL 33956-0111
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2372860	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSON, KARL L 2701 CLEVELAND AVE., SUITE 10 FT MYERS FL 33901	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																																																																																																																				
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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 REQUIRES DATE: 5-7-00 DAYTIME PHONE #: 941-283-1899

CR2E037 (9/99)