

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90237 029 ****61.25

DOCUMENT # 749349

1. Entity Name

KIWANIS CLUB OF NORTH FORT MYERS, INC.

Principal Place of Business

Mailing Address

**17890 WETSTONE RD
FORT MYERS FL 33917**

**P.O. BOX 2036
FT MYERS FL 33903-2036**

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

56-0124207

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

**MORROW, ROBERT G
15 MIDDLETON CT
FORT MYERS FL 33903**

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 **D** ☐ Delete
NAME **GARWOOD, EUGENE**
STREET ADDRESS **17890 WETSTONE RD**
CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

TITLE **PRES** ☐ Change ☒ Addition
NAME **GRAY, ANDREA M.**
STREET ADDRESS **1809 ACADEMY BLVD**
CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE **P** ☒ Delete
NAME **GARWOOD, MELVA**
STREET ADDRESS **17890 WETSTONE RD**
CITY-ST-ZIP **FORT MYERS FL 33917**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **GARWOOD, MELVA**
STREET ADDRESS **17890 WETSTONE RD**
CITY-ST-ZIP **N. FT. MYERS, FL 33917**

TITLE **TD** ☐ Delete
NAME **MORROW, ROBERT G.**
STREET ADDRESS **15 MIDDLETON CT**
CITY-ST-ZIP **FORT MYERS FL 33903**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **SPURLOCK, PAUL L**
STREET ADDRESS **19350 CONGRESSIONAL CT**
CITY-ST-ZIP **N. FT MYERS, FL 33903**

TITLE **S** ☐ Delete
NAME **HUBBARD, HELEN M**
STREET ADDRESS **2460 BRIDGE RD**
CITY-ST-ZIP **FORT MYERS FL 33917**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **BISER, KENT**
STREET ADDRESS **1723 NE 2ND AVE**
CITY-ST-ZIP **CAPE CORAL, FL 33909**

TITLE **D** ☒ Delete
NAME **GHORMLEY, ROBERT G**
STREET ADDRESS **3324 CLUB VIEW DR**
CITY-ST-ZIP **FORT MYERS FL 33917**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **GEIGER, MARIAN**
STREET ADDRESS **1386 BURTWOOD DR**
CITY-ST-ZIP **FT MYERS, FL 33901**

TITLE **D** ☐ Delete
NAME **TEDDER, NORMA**
STREET ADDRESS **1916 VAN LOON TERRACE**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **VANDERKLOIT, MARK**
STREET ADDRESS **4616 GULF AVE**
CITY-ST-ZIP **N. FT MYERS, FL 33903**

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:

ROBERT G. MORROW **JAN 28, 2002** (941) 652-9292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)