

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 21, 2001 08:00 AM**
Secretary of State**DOCUMENT # 751698****1. Entity Name**
THE KIWANIS CLUB OF WINTER PARK FOUNDATION, INC.

Principal Place of Business 872 GRANVILLE DR (ZIP 32789) WINTER PARK FL 327901573	Mailing Address PO BOX 1573 WINTER PARK FL 327901573
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2. Principal Place of Business P O BOX 1573	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State WINTER PARK FL	City & State
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Zip 327901573	Country	Zip	Country
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4. FEI Number 59-2207122	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**SMITH DANIEL B**
1605 ASHER LANE**ORLANDO FL**
328031825 US**7. Name and Address of New Registered Agent****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	04/21/2001
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>DATE</small>

(NOTE: Registered Agent signature required when reinstalling)**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSON JANET 2304 PEAR TREE CT WINTERPARK FL 328076453	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLARK WM D 2017 KEWANEE TRL CASSELBERRY FL 327075614	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTTINGER ROBERT J 872 GRANVILLE DR. WINTER PARK FL 327891421	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH DANIEL B 1605 ASHER LANE ORLANDO FL 328031825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARENT LUCIEN 5464 N WOODCREST DR WINTER PARK FL 327927314	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLISON JAMES C 2922 EMBASSY CT CASSELBERRY FL 327075874	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEINROTH STANLEY 2685 QUEEN MARY PL MAITAND FL 327515178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COUGHLIN DANIEL M 980 VIRGINIA DR WINTER PARK FL 327895908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** **Wm D Clark** **TD** **04/21/2001**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDateDaytime Phone #

CR2E037 (11/00)