

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90088 017 \*\*\*\*61.25

**DOCUMENT # 751698**

1. Entity Name

**THE KIWANIS CLUB OF WINTER PARK FOUNDATION, INC.**

Principal Place of Business

Mailing Address

P O BOX 1573  
 WINTER PARK FL 32790-1573

PO BOX 1573  
 WINTER PARK FL 32790-1573

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2207122**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SMITH, DANIEL B**  
**1605 ASHER LANE**  
**ORLANDO FL 32803-1825**

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 **ALLISON, JAMES C**  
 STREET ADDRESS **2922 EMBASSY CT**  
 CITY-ST-ZIP **CASSELBERRY FL 32707-5874**

TITLE **TD** ☐ Change ☒ Addition  
 NAME **MELANSON, ROBERT H.**  
 STREET ADDRESS **510 AVALON BLVD**  
 CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE **PD** ☐ Delete  
 NAME **COUGHLIN, DANIEL M**  
 STREET ADDRESS **980 VIRGINIA DR**  
 CITY-ST-ZIP **WINTER PARK FL 32789-5908**

TITLE **D** ☐ Change ☐ Addition  
 NAME **COUGHLIN, DANIEL M**  
 STREET ADDRESS **980 VA. DR.**  
 CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **SD** ☐ Delete  
 NAME **SMITH, DANIEL B**  
 STREET ADDRESS **1605 ASHER LANE**  
 CITY-ST-ZIP **ORLANDO FL 32803-1825**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **OTTINGER, ROBERT J**  
 STREET ADDRESS **872 GRANVILLE DR.**  
 CITY-ST-ZIP **WINTER PARK FL 32789-1421**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☐ Delete  
 NAME **CLARK, WM D**  
 STREET ADDRESS **2017 KEWANNEE TRL**  
 CITY-ST-ZIP **CASSELBERRY FL 32707-5614**

TITLE **D** ☒ Change ☐ Addition  
 NAME **CLARK, WM D.**  
 STREET ADDRESS **2017 KEWANNEE TRL.**  
 CITY-ST-ZIP **CASSELBERRY, FL 32707**

TITLE **VD** ☐ Delete  
 NAME **WEINROTH, STANLEY**  
 STREET ADDRESS **2685 QUEEN MARY PL**  
 CITY-ST-ZIP **MAITAND FL 32751-5178**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **WEINROTH, STANLEY**  
 STREET ADDRESS **2685 QUEEN MARY PL**  
 CITY-ST-ZIP **MAITAND, FL 32751**

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 H. Melanson* **RECEIVED** **ROBERT H. MELANSON**

Date **2/4/02** 407 **623-3490**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)