2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # 752210

1. Entity Name
KIWANIS - HORSES AND HANDICAPPED, INC.

Principal Place of Business	Mailing Address
BOX 551	BOX 551
DANIA FL	DANIA FL
33004 US	33004 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2036147 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KERN RICHARD A
2832 N.E. 24TH COURT
FT. LAUDERDALE FL
33205 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 KIMBERLY HYNES 04/30/2001
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		TITLE		☐ Change	☐ Addition
NAME	EGE JACKIE			NAME			
STREET ADDRESS	12125 SW 101 ST			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	FUCCILE PATTI			NAME			
STREET ADDRESS	306 SE 6TH ST			STREET ADDRESS			
CITY-ST-ZIP	DANIA FL 33004			CITY-ST-ZIP			
TITLE	TD	☐ Delete		TITLE	TD	☒ Change	☐ Addition
NAME	KERN RICHARD A			NAME	KIMBERLY HYNES		
STREET ADDRESS	2832 N.E. 24TH COURT			STREET ADDRESS	333 SE 2ND AVE		
CITY-ST-ZIP	FT LAUDERDALE FL 33305			CITY-ST-ZIP	DANIA FL 33004		
TITLE	VP	☐ Delete		TITLE	VP	☒ Change	☐ Addition
NAME	KOLACINSKI JOSEPH			NAME	CODALLO JEFF		
STREET ADDRESS	P O BOX 24-8805 N/A			STREET ADDRESS	16201 SW 95TH AVE SUITE 101		
CITY-ST-ZIP	CORAL GABLES FL 33124			CITY-ST-ZIP	MIAMI FL 33157		
TITLE	SD	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	CERRONE DOTTIE W			NAME			
STREET ADDRESS	15890 SW 12TH ST			STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33027			CITY-ST-ZIP			
TITLE	PD	☐ Delete		TITLE	PD	☒ Change	☐ Addition
NAME	LEONE LUCY			NAME	GOESER BRUCE		
STREET ADDRESS	1821 SW 69 AVE			STREET ADDRESS	7831 MILLER ROAD # 108B		
CITY-ST-ZIP	PLANTATION FL 33317			CITY-ST-ZIP	MIAMI FL 33155		

CR2E037 (11/00)

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: KIMBERLY HYNES TD 04/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #