# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 14, 2003 8:00 am**
**Secretary of State**
02-14-2003 90185 009 ****61.25

DOCUMENT # 752210

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

| Principal Place of Business | Mailing Address |
|---|---|
| BOX 551<br>DANIA FL 33004<br>US | BOX 551<br>DANIA FL 33004<br>US |

☐ CHECK HERE IF MAKING CHANGES

| 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 59-2036147 ☐ 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 |
|---|---|
| KERN, RICHARD A<br>2832 N.E. 24TH COURT<br>FT. LAUDERDALE FL 33205 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>GOESER, BRUCE<br>7831 MILLER ROAD # 108B<br>MIAMI FL 33155 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ▶ VP | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>CERRONE, DOTTIE W<br>15890 SW 12TH ST<br>PEMBROKE PINES FL 33027 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P.D<br>Lucy Leone<br>1821 SW 69 Ave<br>Plantation Fl 33317 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>CODALLO, JEFF<br>16201 SW 95TH AVE SUITE 101<br>MIAMI FL 33157 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>KERN, RICHARD<br>2832 N. 52ND CT<br>FORT LAUDERDALE FL 33305 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FUCCILE, PATTI<br>306 SE 6TH ST<br>DANIA FL 33004 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>EGE, JACKIE<br>12125 SW 101 ST<br>MIAMI FL 33186 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/02)

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] SIGNATURE REQUIRED 2/10/03 561 753-9700
TYPE OR PRINT NAME OF PERSON OR OFFICER OR DIRECTOR Date Daytime Phone #