

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

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90052 012 ****61.25

DOCUMENT # 761813

1. Entity Name

KIWANIS CLUB OF PABLO, JACKSONVILLE BEACHES, INC



Principal Place of Business

**1600 SHETTER AVE.
JACKSONVILLE BCH. FL 32250
US**

Mailing Address

**P.O. BOX 50503
JACKSONVILLE FL 32240-0503
US**

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 **51-0245558**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GEORGEK, HAMILTON SR
1412 PINWOOD ROAD
JACKSONVILLE BEACH FL 32250-2919**

7. Name and Address of New Registered Agent

Name **ROBERT W. McCABE**

Street Address (P.O. Box Number is Not Acceptable)

1816 TWELVE OAKS LN.

City **NEPTUNE BEACH**

FL

Zip Code

32266

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

Robert W. McCabe

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/25/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

T
NAME **HAMILTON, GEORGE** ☒ Delete
STREET ADDRESS **1412 PINWOOD ROAD**
CITY-ST-ZIP **JAX BEACH, FL 00000 32250**

P
NAME **VAN WAGNER, BURT** ☒ Delete
STREET ADDRESS **1838 CARDINAL COURT**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

S
NAME **GESSELL, LYMAN E** ☐ Delete
STREET ADDRESS **95 ANCILLA CRT**
CITY-ST-ZIP **PONTE VEDRA BCH FL 32250**

D
NAME **ZAZZARINO, EDWARD** ☐ Delete
STREET ADDRESS **1895 HICKORY LANE**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

D
NAME **GERTRUDE, L. THORNTON** ☒ Delete
STREET ADDRESS **39 FAIRWAY LANE**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

D
NAME **OLSEN, ANNE** ☐ Delete
STREET ADDRESS **1101 HAGLER DRIVE WEST**
CITY-ST-ZIP **NEPTUNE BEACH FL 32266**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

P
NAME **EMIL HOJAR** ☐ Change ☒ Addition
STREET ADDRESS **1901 N. FIRST ST.**
CITY-ST-ZIP **JACKSONVILLE BEACH, FL. 32250**

T
NAME **ROBERT W. McCABE** ☐ Change ☒ Addition
STREET ADDRESS **1816 TWELVE OAKS LN.**
CITY-ST-ZIP **NEPTUNE BEACH, FL 32266**

AT
NAME **GEORGE HAMILTON** ☒ Change ☐ Addition
STREET ADDRESS **1412 PINWOOD ROAD**
CITY-ST-ZIP **JACKSONVILLE BEACH, FL. 32250**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number

CR2E037 (10/02)