

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90026 048 ****61.25

DOCUMENT # 762667

1. Entity Name

KIWANIS CLUB OF THE TRAILS, INC.

Principal Place of Business

**131 EXECUTIVE CIRCLE
 STE. B
 DAYTONA BEACH FL 32114-1180
 US**

Mailing Address

**131 EXECUTIVE CIRCLE
 STE. B
 DAYTONA BEACH FL 32114-1180
 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 **59-2166728**

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

**GREGORY, PAULA M
 131 EXECUTIVE CIRCLE
 STE. B
 DAYTONA BEACH FL 32114-1180**

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 **BAUGHMAN, FRED**
 STREET ADDRESS **22 S BEACH ST.**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

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

TITLE **PD** ☐ Delete
 NAME **LUDLOW, BOB**
 STREET ADDRESS **160 N. NOVA RD**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **LEVERONI, MARY-LU**
 STREET ADDRESS **23 SHERRINGTON DR.**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

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

TITLE **TD** ☐ Delete
 NAME **GREGORY, PAULA M**
 STREET ADDRESS **131 EXECUTIVE CIRCLE #B**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114-1180**

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

TITLE **D** ☒ Delete
 NAME **GLASS, SUSAN**
 STREET ADDRESS **346 S PALMETTO AVE**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114-4920**

TITLE **PD** ☐ Change ☒ Addition
 NAME **KEITH STORMS**
 STREET ADDRESS **4 LAUREL RIDGE BREAK**
 CITY-ST-ZIP **ORMOND Bch, FL 32174**

TITLE **D** ☒ Delete
 NAME **BARNEY, FRED**
 STREET ADDRESS **533 N NOVA RD #214**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **D** ☐ Change ☒ Addition
 NAME **JOHN SCOTTI**
 STREET ADDRESS **60 SUNNY SHORE DR**
 CITY-ST-ZIP **ORMOND Bch, FL 32176**

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 Required

PAULA M GREGORY

1/13/02

(386)

257-7001

CR2E037 (9/01)