

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 16, 2000 8:00 am
Secretary of State

04-20-2000 90003 016 ****61.25

DOCUMENT # 763803

1. Entity Name

KIWANIS CLUB OF PORT ST. LUCIE, FLORIDA, INC.

Principal Place of Business

**8000 S. US 1, SUITE 400
PORT ST. LUCIE FL 34952**

Mailing Address

**8000 S. US 1, SUITE 400
PORT ST. LUCIE FL 34952-2339**

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

59-2667221

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FORTE, MICHAEL
354 N.E. SURFSIDE AVE
PORT ST. LUCIE FL 34983**

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCGUIRE, DAVE 8000 S. US 1, SUITE 400 PORT ST. LUCIE FL 34952	<input type="checkbox"/> Delete (Director)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DILLON, ANNE MARIE 8000 S. US 1, SUITE 400 PORT ST. LUCIE FL 34952	<input type="checkbox"/> Delete (Director)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OTT, STEVEN 8000 S. U.S. 1, SUITE 400 PORT ST. LUCIE FL 34952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary CHARLES RAY 8000 S. U.S. 1, Suite 400 Port St Lucie, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Director)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES RAY, Secretary
April 13, 2000
Daytime Phone # 889-3000

CR2E037 (9/99)