

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

0063083

05-23-2001 91171 003 ****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**

2. Principal Place of Business

JANE

3. Mailing Address

JANE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGUIRE, DAVE	
STREET ADDRESS	8000 S. US 1	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLON, ANNE MARIE	
STREET ADDRESS	8000 S. US 1 SUITE 400	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

CHARLES RAY
SECRETARY MAY 17, 2001 8193000

CR2E037 (10/00)