

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765014

1. Entity Name

KIWANIS CLUB OF GULF COAST FOUNDATION, INC.

Principal Place of Business

Mailing Address

~~3936 BREEZEMONT DRIVE~~  
SARASOTA FL 34232

~~3006 BREEZEMONT DRIVE~~  
~~SARASOTA FL 34232-1230~~

2. Principal Place of Business

5142 Far Oaks Circle

Suite, Apt. #, etc.

3. Mailing Address

1432 First Street

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34238

Country

Zip

34236

Country

4. FEI Number

59-2288747

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

J. KEVIN DRAKE  
1432 FIRST STREET  
SUITE C  
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

J. Kevin Drake

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)

4/25/00

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	C	<input type="checkbox"/> Delete
NAME	TURNER, KERMIT	
STREET ADDRESS	4127 BAHIA VISTA COURT	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHIFANO, JOE	
STREET ADDRESS	3840 BELLWOOD DRIVE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PITTENGER, KEITH	
STREET ADDRESS	1605 MAIN STREET	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BAILEY, KEN	
STREET ADDRESS	1387 HARBOR DRIVE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	DD	<input type="checkbox"/> Delete
NAME	LANIER, JAMES II	
STREET ADDRESS	2052 HANSEN STREET	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kermit Turner

Date

Daytime Phone #

4/26/2000

FILED  
May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90109 001 \*\*\*122.50



DO NOT WRITE IN THIS SPACE

CR2P037 (9/99)