

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90220 001 ***122.50

DOCUMENT # 765014

1. Entity Name

KIWANIS CLUB OF GULF COAST FOUNDATION, INC.

Principal Place of Business

**5142 FAR OAKS CIRCLE
 SARASOTA FL 34238**

Mailing Address

**1432 FIRST STREET
 SARASOTA FL 34236**

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

59-2288747

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

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

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 **SCHIFANO, JOE**
 STREET ADDRESS **3840 BELLWOOD DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **Treasurer/Director** ☐ Change ☒ Addition
 NAME **Michael K Worthington**
 STREET ADDRESS **3793 Sterling Road**
 CITY-ST-ZIP **Venice FL 34293**

TITLE **TD** ☒ Delete
 NAME **PITTENGER, KEITH**
 STREET ADDRESS **1605 MAIN STREET**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **Chairman** ☐ Change ☒ Addition
 NAME **Robert Volmering**
 STREET ADDRESS **760 Suffolk Circle**
 CITY-ST-ZIP **Nokomis FL 34275**

TITLE **D** ☒ Delete
 NAME **FIELD, RICHARD**
 STREET ADDRESS **1387 HARBOR DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **Director** ☐ Change ☒ Addition
 NAME **James H. Lanier, Sr.**
 STREET ADDRESS **8510 Coash Lane**
 CITY-ST-ZIP **Sarasota FL 34241**

TITLE **DD** ☒ Delete
 NAME **LANIER, JAMES II**
 STREET ADDRESS **2052 HANSEN STREET**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **Secretary / Director** ☐ Change ☒ Addition
 NAME **Irwin Schiller**
 STREET ADDRESS **5142 Far Oak Circle**
 CITY-ST-ZIP **Sarasota FL 34238**

TITLE **PD** ☐ Delete
 NAME **WOODS, CHARLES**
 STREET ADDRESS **8229 FAR OAKS CIRCLE**
 CITY-ST-ZIP **SARASOTA FL 34238**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
 NAME **J. Kevin Drake**
 STREET ADDRESS **1432 First Street**
 CITY-ST-ZIP **Sarasota FL 34236**

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

director

1/9/02

941-954-7750

Date

Daytime Phone #

CR2E037 (9/01)