

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768489

1. Entity Name

KIWANIS FOUNDATION OF CHARLOTTE COUNTY, INC.

Principal Place of Business

1625 W. MARION AVE., SUITE 6
PUNTA GORDA FL 33951-7777

Mailing Address

PO BOX 273
PUNTA GORDA FL 33951
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

59-2379416

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

WEBB, SANKEY E., III
1625 WEST MARION AVENUE
SUITE 6
PUNTA GORDA FL 33950-2339

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	TD	<input type="checkbox"/> Delete
NAME	DEYOUNG, CRAIG	
STREET ADDRESS	1100 TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NAYLOR, ROBERT C	
STREET ADDRESS	2222 CALLE BONITO	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SWIFT, LEE	
STREET ADDRESS	1064 HARBOUR WAY PLACE	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMLIN, KAY	
STREET ADDRESS	2000 RIO DEJANEIRO	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date

Daytime Phone #

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90105 009 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)