

2001 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 33951-7777
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 510273

Suite, Apt. #, etc.

City & State

Zip

33951-0273

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

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

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 ☐ Delete
NAME DEYOUNG, CRAIG
STREET ADDRESS 1100 TAMiami TRAIL
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE D ☐ Delete
NAME NAYLOR, ROBERT C
STREET ADDRESS 2222 CALLE BONITO
CITY-ST-ZIP PUNTA GORDA FL

TITLE PD ☐ Delete
NAME SWIFT, LEE
STREET ADDRESS 1064 HARBOUR WAY PLACE
CITY-ST-ZIP PUNTA GORDA FL

TITLE DS ☐ Delete
NAME HAMLIN, KAY
STREET ADDRESS 2000 RIO DEJANEIRO
CITY-ST-ZIP PUNTA GORDA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE PD ☐ Change ☒ Addition
NAME Sankey E. Webb, III
STREET ADDRESS 1625 W. Marion Ave, #6
CITY-ST-ZIP Punta Gorda, FL 33950

TITLE VPD ☐ Change ☒ Addition
NAME Don Ford
STREET ADDRESS 2165 Via Esplanade
CITY-ST-ZIP Punta Gorda, FL 33950

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 16, 2001 8:00 am
Secretary of State

02-16-2001 90019 034 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)