

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768489

1. Entity Name

KIWANIS FOUNDATION OF CHARLOTTE COUNTY, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90179 049 ****61.25

Principal Place of Business

Mailing Address

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

PO BOX 510273
PUNTA GORDA FL 33951-0273
US

2. Principal Place of Business

3. Mailing Address

1625 West Marion Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 6

City & State

City & State

Punta Gorda, FL

4. FEI Number

59-2379416

Applied For

Not Applicable

Zip

Country

Zip

Country

33950

USA

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 NAME STREET ADDRESS CITY-ST-ZIP | TD DEYOUNG, CRAIG 1100 TAMiami TRAIL PORT CHARLOTTE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NAYLOR, ROBERT C 2222 CALLE BONITO PUNTA GORDA FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SWIFT, LEE 1064 HARBOUR WAY PLACE PUNTA GORDA FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS HAMLIN, KAY 2000 RIO DEJANEIRO PUNTA GORDA FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WEBB, III, SANKEY E 1625 W. MARION AVE., #6 PUNTA GORDA FL 33950 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD FORD, DON 2165 VIA ESPLANADE PUNTA GORDA FL 33950 | <input checked="" type="checkbox"/> Delete |

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D,S Carpenter, Robert R. 126 E. Olympia Ave, #401 Punta Gorda, FL 33950 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP,D Taylor, C. Rodney 1093 Kensington St Port Charlotte, FL 33952 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

THOMAS E. SANKEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/14/02

Daytime Phone #

941-624-1100

CR2E037 (9/01)