

# 2002 UNIFORM BUSINESS REPORT (UBR)

08-05-2002 90280 044 \*\*\*\*61.25  
N00000001781

DOCUMENT # N00000001781

1. Entity Name

SANIBEL-CAPTIVA KIWANIS FOUNDATION, INC.

02 AUG 13 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

6450 PINE AVE.  
SANIBEL ISLAND FL 33957

P.O. BOX 1  
SANIBEL ISLAND FL 33957

AMENDED



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1706286

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DERLETH, HARLEY R  
1191 MIDDLE GULF DRIVE 3A  
SANIBEL ISLAND FL 33957

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
min. will be \$236.25.

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 ROBINSON, ROB  
STREET ADDRESS 6450 PINE AVE.  
CITY-ST-ZIP SANIBEL ISLAND FL 33957

TITLE ☐ Change ☒ Addition  
NAME STAN KUCABA  
STREET ADDRESS P.O. BOX 1  
CITY-ST-ZIP SANIBEL FL 33957

TITLE D ☐ Delete  
NAME MULLINS, STEVE  
STREET ADDRESS 3024 TURTLE GATE LANE  
CITY-ST-ZIP SANIBEL FL 33957

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

TITLE D ☐ Delete  
NAME DERLETH, HARLEY R  
STREET ADDRESS 1191 MIDDLE GULF DRIVE 3A  
CITY-ST-ZIP SANIBEL FL 33957

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME DON CZECH  
STREET ADDRESS P.O. BOX 1  
CITY-ST-ZIP SANIBEL FL 33957

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

7/30/02  
Date

239-472-4961  
Daytime Phone #

CR2E037 (4/02)