

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90446 033 \*\*\*\*61.25

**DOCUMENT # N00000004553**

1. Entity Name

**KIWANIS CLUB OF LAKE MARY/HEATHROW, FLORIDA, INC**

Principal Place of Business

P. O. BOX 953574  
 LAKE MARY FL 32795-3574

Mailing Address

P. O. BOX 953574  
 LAKE MARY FL 32795-3574

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**106 Commerce St.**

Suite, Apt. #, etc.

**Ste. 110**

City & State

**Lake Mary FL**

Zip

**32746**

Country

**USA**

4. FEI Number

**59-3597130**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**HEYSE, LINDA J**  
**106 COMMERCE ST., SUITE 110**  
**LAKE MARY FL 32746**

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	P	<input type="checkbox"/> Delete
NAME	JONES, CHARLES R	
STREET ADDRESS	769 LAKEWORTH CIR.	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE	V	<input type="checkbox"/> Delete
NAME	SONNE, MICAH M	
STREET ADDRESS	619 GREEN BRIAR BLVD.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	S	<input type="checkbox"/> Delete
NAME	HEYSE, LINDA J	
STREET ADDRESS	106 COMMERCE ST., SUITE 110	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELLS, DAVID M	
STREET ADDRESS	7254 GLASGOW AVE.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, ELIZABETH A	
STREET ADDRESS	769 LAKEWORTH CIR.	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORELAND, RIDGE	
STREET ADDRESS	177 PAINTED POST PT.	
CITY-ST-ZIP	SANFORD FL 32771	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wm. A. Barwick	
STREET ADDRESS	240 Wimbledon Cir.	
CITY-ST-ZIP	Heathrow FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John S. Vaughan	
STREET ADDRESS	225 Meadows Beauty Terrace	
CITY-ST-ZIP	Sanford FL 32771	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles R. Jones	
STREET ADDRESS	769 Lakeworth Cir.	
CITY-ST-ZIP	Heathrow FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bob Martin	
STREET ADDRESS	313 Meadow Beauty Terrace	
CITY-ST-ZIP	Sanford FL 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leonard K. Szabo	
STREET ADDRESS	605 S. Country Club Road	
CITY-ST-ZIP	Lake Mary FL 32746	

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:** *Linda J. Heyse*  
 Linda J. Heyse, Secretary

3/28/01

407-333-8006

Date

Daytime Phone #

CR2E037 (10/00)