## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N00000004553 1. Entity Name

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

Principal Place of Business

Mailing Address

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

	<u></u>						
2. Principal Place of Business	3. Mailing Address						
·	106 Commerce St.						
Suite, Apt. #, etc.	Suite, Apt. #, etc.						
	Ste. 110						
City & State	City & State						
	Take Mary DT						

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

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



Street Address (P.O. Box Number is Not Acceptable)	2. Principal P	lace of Business	3. Mailing Address									
City & State    Country   Zip												
City & State	Suite, Apt.	#, etc.	· ' '					DO NOT WRITE IN	THIS SE	PACE		
Lake Mary FL   S9-3597130   Not Applicable											Inaliad For	_
Section   Sect	City & State	e	Lake Mary FL				59-3597130					$\dashv$
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  Address (P.O. Box Number is Not Acceptable)  City  Address (P.O. Box Number is Not Acceptable)  City  Address (												4
Second Address of Current Registered Agent   Name	Zip	Country	Zip	Zip Country								
HEYSE, LINDA J 106 COMMERCE ST., SUITE 110  LAKE MARY FL 32746  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida.  SIGNATURE  Signature, Types or planed name of replaceds agent supranse required work and state of Florida.  FILE NOW: FEE IS \$61.25  OFFICERS AND DIRECTORS  Trust Fund Contribution.  DORS, CHARLES R 769 LAKEWORTH CIR.  SIGNEST AUDRESS  TONES - 274  HEATHROW FL 32746  TIME SONNE, MICAH M SIREST AUDRESS  SONNE, MICAH M SIREST AUDRESS  SONNE, MICAH M SIREST AUDRESS  SIREST AUDRESS  SIREST AUDRESS  SIREST AUDRESS  SIREST AUDRESS  SIREST AUDRESS  AUTHORS - 12-P LATE AUDRESS  SIREST AUDRESS  TON-S-2P  LAKE MARY FL 32746  DO GLEAR  DO GREAT AUDRESS  TON-S-2P  SIREST AUDRESS  TON-S-2P  SIREST AUDRESS  SIREST AUDRESS  TON-S-2P  SIREST AUDRESS  TON-S-2P  SIREST AUDRESS  SIREST AUDRESS  TON-S-2P  SIREST AUDRES				ŞΑ								
HEYSE, LINDA J 106 COMMERCE ST., SUITE 110 LAKE MARY FL 32746  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   Sig		6. Name and Address of Current F	legistered Agent		Nome		•		erea A	Jeni		-
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  SI	<del></del>	ي مايساند	المستمكمكين يبدقدن	<u>-</u> · · · . ·	Name							
City   FL   Zip Code	HEVGE II	NDA I			Street Address (P.O. Box Number is Not Acceptable)							
EAKE MARY FL 32746  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  SIGNA								<del></del>				$\dashv$
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, types or printed name of registered agent, or both, in the state of Florida.    Signature, types or printed name of registered agent, or both, in the state of Florida.    Signature, types or printed name of registered agent, or both, in the state of Florida.    Signature, types or printed name of registered agent, or both, in the state of Florida.    Signature, types or printed name of registered agent, or both, in the state of Florida.    Signature, types or printed name of registered agent, or both, in the state of Florida.    Signature, types or printed name of registered agent, or both, in the state of Florida.    Signature, types or printed name of registered agent, or both, in the state of Florida.    Signature, types or printed name of registered agent, or both, in the state of Florida.    Signature, types or printed name of registered agent, or both, in the state of Florida.    Signature, types or printed name of registered agent, or both, in the state of Florida.    Date   Signature, types or printed name of registered agent, or both, in the state of Florida.    Date   Signature, types or printed name of registered agent, or both, in the state of Florida.    Date   Signature, types or printed name of registered agent, or both, in the state of Florida.    Date   Signature, types or printed name of registered agent, or both, in the state of Florida.    Date   Signature, types or printed name of registered agent, or both, in the state of Florida.    Date   Signature, types or printed name of registered agent, or both, in the state of Florida.   Date   Signature, types or printed name of registered agent, or both in the state of Florida.   Date   Signature, types or printed name of registered agent or present added to Fee		•										
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	DAVE MAL	11 11 32/40			City		EI   7			Zip Co	de	
SIGNATURE    Signature   Signa					<u></u>				<u> </u>	<u> </u>		4
FILE NOW: FEE IS \$61.25    Delete   Trust Fund Contribution.   S5.00 May Be Added to Fees   Make Check Payable to Department of State	8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or	registered as	gent, or both	n, in the state of Florida.				1
FILE NOW: FEE IS \$61.25    Delete   Trust Fund Contribution.   S5.00 May Be Added to Fees   Make Check Payable to Department of State									•			
FILE NOW: FEE IS \$61.25    Delete   Trust Fund Contribution.   S5.00 May Be Added to Fees   Make Check Payable to Department of State												
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees   \$61.25    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    Delete   ITILE   JONES, CHARLES R   769 LAKEWORTH CIR.   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   STREET ADDRESS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   MAME	SIGNATURE.		AND THE RESERVE AND THE	- Bintere		us seemined when	rainstation)		DATE			
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TITLE D Director Change Addition  NAME WELLS, DAVID M 7254 GLASGOW AVE. CITY-ST-ZIP ORLANDO FL 32819  TITLE D Director Charles R. Jones 769 Lakeworth Cir. Heathrow FL 32746  TITLE D Director Change Addition  NAME JONES, ELIZABETH A STREET ADDRESS CITY-ST-ZIP HEAHTROW FL 32746  TITLE D Director Change Addition  NAME STREET ADDRESS CITY-ST-ZIP HEAHTROW FL 32771  TITLE D Delete TITLE  MORELAND, RIDGE STREET ADDRESS TREET ADDRESS STREET ADDR	STREET ADDRESS	106 COMMERCE ST., SUITE 110										-
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TITLE D Delete Director Addition  NAME MORELAND, RIDGE  STREET ADDRESS 177 PAINTED POST PT.  Director Leonard K. Szabo  STREET ADDRESS STREET				CITY	Y-ST-ZIP				a			
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605 S Country Club Road								_				
	CITY-ST-ZIP	SANFORD FL 32771					5 S. Country Club Road					

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Forda 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 chapter (Re suppowered.)

SIGNATURE:

3/28/01

407-333-8006