

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004553

Entity Name

KIWANIS CLUB OF LAKE MARY/HEATHROW, FLORIDA, INC

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

02-20-2002 90184 030 ****61.25

Principal Place of Business

Mailing Address

9 GRAND BLVD.
ORPON SPRINGS FL 34689106 COMMERCE ST
STE 110
LAKE MARY FL 32746

DO NOT WRITE IN THIS SPACE

Principal Place of Business

5210 Markham Woods Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Mary FL

City & State

4. FEI Number

59-3597130

Applied For

Not Applicable

Zip

32746

Country

USA

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 FeesMake 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	<input type="checkbox"/> Delete
P	BARWICK, WM A	240 WIMBLEDON CIRCLE	HEATHROW FL 32746	<input type="checkbox"/>
VP	VAUGHAN, JOHN S	225 MEADOWS BEAUTY TERRACE	SANFORD FL 32771	<input checked="" type="checkbox"/>
S	HEYSE, LINDA J	106 COMMERCE ST., SUITE 110	LAKE MARY FL 32746	<input type="checkbox"/>
D	JONES, CHARLES R	769 LAKEWORTH CIRCLE	HEATHROW FL 32746	<input type="checkbox"/>
D	MARTIN, BOB	313 MEADOW BEAUTY TERRACE	SANFORD FL 32771	<input checked="" type="checkbox"/>
D	SZABO, LEONARD K	605 S COUNTRY CLUB ROAD	LAKE MARY FL 32746	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VP	CHARLES R. JONES	769 LAKEWORTH CIRCLE	HEATHROW FL 32746	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	ROBERT W. RASCH	201 LIVE OAK LANE	ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. 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

2/04/02

407-333-8006

Date

Daytime Phone #

CR2E037 (9/01)