

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005521

1. Entity Name

KIWANIS CLUB OF BREAKFAST CLUB OF MARTIN COUNTY,

Principal Place of Business

PO BOX 42
JENSEN BEACH FL 34958

Mailing Address

PO BOX 42
JENSEN BEACH FL 34958

2. Principal Place of Business

2401 S. Karnee Highway
Suite, Apt. #, etc.

3. Mailing Address

2401 S Karnee Highway
Suite, Apt. #, etc.

City & State

Stuart FL 34994
Country USA

City & State

Stuart FL 34994
Country USA

4. FEI Number

05-0914644

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MALISZEWSKI, MICHAEL
27 E. OCEAN BLVD.
STUART FL 34994

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

8/10/01

FILE NOW: FEE IS \$61.25

After September 12, 2001, 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

TITLE D
NAME BRECHBILL, MARK
STREET ADDRESS 508 S. FEDERAL HWY
CITY-ST-ZIP STUART FL ☒ Delete

TITLE D
NAME FULLMAN, THOMAS
STREET ADDRESS 3292 NE SKYLINE DR.
CITY-ST-ZIP JENSEN BEACH FL ☒ Delete

TITLE D
NAME MALISZEWSKI, MICHAEL
STREET ADDRESS 27 E. OCEAN BLVD.
CITY-ST-ZIP STUART FL ☐ Delete

TITLE D
NAME DEAN, SPENCER
STREET ADDRESS 27 E. OCEAN BLVD.
CITY-ST-ZIP STUART FL ☒ Delete

TITLE D
NAME SALZBERG, JOAN
STREET ADDRESS 3009 SE CYPRESS ST.
CITY-ST-ZIP STUART FL ☐ Delete

TITLE D
NAME SHEKAILO, LORETTA
STREET ADDRESS 508 S. FEDERAL HWY
CITY-ST-ZIP STUART FL ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President
NAME Barnett H. Salzberg
STREET ADDRESS 3009 SE CYPRESS ST
CITY-ST-ZIP STUART FL 34997 ☐ Change ☒ Addition

TITLE ~~President~~ Vice President
NAME Kenneth Major
STREET ADDRESS 3980 W. Joe's Pt. Rd
CITY-ST-ZIP Stuart FL 34996 ☐ Change ☒ Addition

TITLE Treasurer
NAME Lisa B. Quaglia
STREET ADDRESS 2401 S. Karnee Highway
CITY-ST-ZIP Stuart FL 34994 ☐ Change ☒ Addition

TITLE Resident Elect
NAME SD Geisler ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
SP

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

8/10/01

Daytime Phone #

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 24 PM 1:48



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)