

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90503 014 \*\*\*\*61.25

**DOCUMENT # N00000005755**

1. Entity Name

**KIWANIS CLUB OF MIDTOWN ST. PETERSBURG YOUTH FOUNDATION, INC.**



Principal Place of Business

C/O PETER C. SCHATZEL  
500 94TH AVE. N  
ST. PETERSBURG FL 33702

Mailing Address

C/O PETER C. SCHATZEL  
500 94TH AVE. N  
ST. PETERSBURG FL 33702

2. Principal Place of Business

3. Mailing Address

*C/o Richard J. French, Jr.*  
Suite, Apt. #, etc.  
*557 Northmoor Av N*

*C/o Richard J. French, Jr.*  
Suite, Apt. #, etc.  
*557 Northmoor Av N*

City & State  
*St. Petersburg FL*

City & State  
*St. Petersburg FL*

Zip Country  
*33702 USA*

Zip Country  
*33702 USA*

4. FEI Number **59-3667963**

Applied For

Not Applicable

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

**WILKINSON, G. BARRY ESQ.**  
**696 1ST AVE. N. #201**  
**ST PETERSBURG FL 33701**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHATZEL, PETER C</b> <b>500 94TH AVE N</b> <b>SAINT PETERSBURG FL 33702</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, JAMES W JR</b> <b>1249 SNELL ISLE BLVD. NE</b> <b>ST PETERSBURG FL 33704</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANSON, KATHY</b> <b>1312 39TH AVE. NE</b> <b>ST PETERSBURG FL 33703</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KNOWLES, WILLIAM L</b> <b>1307 41ST AVE. NE</b> <b>ST PETERSBURG FL 33703</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RICH, ALICE</b> <b>3005 W ROBSON ST.</b> <b>TAMPA FL 33614</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, JAMIE</b> <b>3864 10TH ST. NE</b> <b>ST PETERSBURG FL 33703</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P French, Richard J</b> <b>557 Northmoor Av N</b> <b>St. Petersburg, FL 33702</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Richard J. French, Jr.*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*4/16/03* **727-522-2111**  
Date Daytime Phone #

CR2E037 (10/02)