

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

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90178 017 \*\*\*\*61.25

**DOCUMENT # N01000007407**

1. Entity Name  
**KIWANIS CLUB OF GREATER PEMBROKE PINES, INC.**



**22003333**



CHECK HERE IF MAKING CHANGES

Principal Place of Business Mailing Address  
**16336 N W 11TH STREET 16336 N W 11TH STREET**  
**PEMBROKE PINES FL 33028 PEMBROKE PINES FL 33028**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-1125225** 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

**TYNAN, KEVIN P**  
**8142 N. UNIVERSITY DRIVE**  
**TAMARAC FL 33321**

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 \_\_\_\_\_ (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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>KLEIN, HARRIS L</b>	
STREET ADDRESS	<b>16336 NW 11TH STREET</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33028</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>PRIORE, EDUARD</b>	
STREET ADDRESS	<b>1541 NW 108TH WAY</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33029</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>STEBBINS, KENNETH</b>	
STREET ADDRESS	<b>4935 SW 90TH TERRACE</b>	
CITY-ST-ZIP	<b>COOPER CITY FL 33328</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>BLUM, JOHN S</b>	
STREET ADDRESS	<b>19052 NW 23RD STREET</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33029</b>	
TITLE	<b>PE</b>	<input type="checkbox"/> Delete
NAME	<b>BRINGLE, CHARLES J</b>	
STREET ADDRESS	<b>8401 W CYPRESS DR</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33025</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED R.H. STEBBINS 2/3/03 954 418 0064**

CR2E037 (10/02)