

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008505

1. Entity Name

KIWANIS CLUB OF VERO-TREASURE COAST FOUNDATION, INC.

Principal Place of Business

P. O. BOX 6381
VERO BCH FL 32961

Mailing Address

P. O. BOX 6381
VERO BCH FL 32961

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

04-3594960

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLEM, CHESTER
3333 20TH ST.
VERO BCH FL

7. Name and Address of New Registered Agent

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME BOLINGER, ADAM
STREET ADDRESS P. O. BOX 6381
CITY-ST-ZIP VERO BCH FL 32961 ☐ Delete

TITLE D
NAME APRILE, LOU
STREET ADDRESS P. O. BOX 6381
CITY-ST-ZIP VERO BCH FL 32961 ☐ Delete

TITLE D
NAME MARSHBANKS, BOB
STREET ADDRESS P. O. BOX 6381
CITY-ST-ZIP VERO BCH FL 32961 ☐ Delete

TITLE D
NAME SAMONS, ANTHONY
STREET ADDRESS P. O. BOX 6381
CITY-ST-ZIP VERO BCH FL 32961 ☐ Delete

TITLE D
NAME JOHNSON, ERIC
STREET ADDRESS P. O. BOX 6381
CITY-ST-ZIP VERO BCH FL 32961 ☒ Delete

TITLE D
NAME BRANN, JIM
STREET ADDRESS P. O. BOX 6381
CITY-ST-ZIP VERO BCH FL 32961 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ 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:

Anthony Samons TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02

Date

772-299-0344

Daytime Phone #

CR2E037 (9/01)