

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

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90377 017 ***122.50

DOCUMENT # N02000001660

1. Entity Name

Davie Kiwanis Foundation, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3100 SW 133rd Terrace

Suite, Apt #, etc

3. Mailing Address

3100 SW 133rd Terrace

Suite, Apt. #, etc,

DO NOT WRITE IN THIS SPACE

City & State

Davie, FL

City & State

Davie, FL

4. FEI Number

04-3620470

Applied For

Not Applicable

Zip

33330

Country

Zip

33330

Country

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

Schneider, Frank L

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

9470 Tangerine Place

Suite 403

City

Davie

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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

TITLE President & Director
NAME Petroski, John
STREET ADDRESS 447 Lakeview Drive, Tr 23 Bldg 98 #6
CITY-ST-ZIP Weston, FL 33326-2409

TITLE VP & Dir
NAME Gillespie, Bob
STREET ADDRESS 8600 NW 21st Street
CITY-ST-ZIP Sunrise, FL 33322

TITLE Secy & Dir
NAME Oldham, Robert
STREET ADDRESS 3100 SW 33rd Terrace
CITY-ST-ZIP Davie, FL 33330

TITLE Treas & Dir
NAME Busch, Allen M
STREET ADDRESS 304 NW 97th Avenue
CITY-ST-ZIP Plantation, FL 33324-7029

TITLE D
NAME Rupert, Dale
STREET ADDRESS 3563 W Tree Tops Ct
CITY-ST-ZIP Davie, FL 33328

TITLE D
NAME Schneider, Frank
STREET ADDRESS 9470 Tangerine Place, Suite 403
CITY-ST-ZIP Davie, FL 33324

11.

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

3/15/2006

Date

954 473-2278

Daytime Phone #