

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # N06294

1. Entity Name

KIWANIS CLUB OF JACKSONVILLE BEACHES, FLORIDA, C

FILED
May 11, 2000 8:00 am
Secretary of State

03-09-2000 90009 001 ***122.50

Principal Place of Business
599 ATLANTIC BLVDS
#6
ATLANTIC BCH FL 32233
US

Mailing Address
599 ATLANTIC BLVD
#6
ATLANTIC BCH FL 32233-4052
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2471139** Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOE, WILLIAM G JR
599 ATLANTIC BLVD
SUITE 6
ATLANTIC BEACH FL 32233

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 _____ (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	P	<input checked="" type="checkbox"/> Delete
NAME	MONTGOMERY, BILL	
STREET ADDRESS	12940 PALMETTO GLADE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LONG, SAM	
STREET ADDRESS	1154 COVE LANDING	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	President	<input type="checkbox"/> Delete
NAME	OVERBY, JOE	
STREET ADDRESS	957 HAGLER DR	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BOND, GUY	
STREET ADDRESS	3010 S. 3RD ST	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Charlie Bond	
STREET ADDRESS	13833 Four Winds Ct	
CITY-ST-ZIP	Jacksonville FL 32224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 1-13-00 904-246-2709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)