2001 UNIFORM BUSINESS REPORT (UBR)

0012686

DOCUMENT # N06297

1. Entity Name

KIWANIS CLUB OF JACKSONVILLE BEACHES, FLORIDA, I

FILED

01 MAY -4 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
599 ATLANTIC BLVD #6 ATLANTIC BCH FL 32233 US	599 ATLANTIC BLVD #6 ATLANTIC BCH FL 32233 US

2. Principal Place of Business	3. Mailing Address
	P.O. Box 330824
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Atlantic Beach
Zip / Country	Zip: 32233 / Country: USA

4. FEI Number: 59-2332110 ☐ 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
NOE, WILLIAM G., JR. 599 ATLANTIC BLVD. SUITE 6 ATLANTIC BEACH FL 32233	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MONTGOMERY, WILLIAM D 12940 PALMETTO GLADE DRIVE JACKSONVILLE FL 32246	☒ Delete	PD Ed Buckwood 1855 Pullian St Jacksonville Beach, FL 32250	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LONG, SAM D 1154 COVE LANDING ATLANTIC BCH FL	☐ Delete	200004275752--4 -05/22/01--01031--020 *****61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CURTISS S SHELDON 1414 HARRINGTON DR JACKSONVILLE FL	☒ Delete	TD Ed Borders 1494 Blue Heron Lane E Jacksonville Beach, 32250	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BONDER, CHARLIE 13833 FOUR WINDS CT JACKSONVILLE FL 32224	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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 1-11-01 904-246-2709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR