

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09513

1. Entity Name

KIWANIS CLUB OF EUSTIS, FLORIDA, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90151 048 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 1225
EUSTIS FL 32727-1600

P.O. BOX 1225
EUSTIS FL 32727-1600

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

59-2353142

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

HOLTZCLAW, RACHEL
66 W SEMINOLE AVE.
EUSTIS FL 32726

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
After September 13, 2000 min. will be \$236.25

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 P ☐ Delete
NAME HARRY, RICHARD
STREET ADDRESS 1014 WOODWARD OAKS CIRCLE
CITY-ST-ZIP EUSTIS FL 32726-7912

TITLE P ☒ Change ☐ Addition
NAME Suzanne Reynolds
STREET ADDRESS 1111 Lakeshore Drive / Fair Oaks B-6
CITY-ST-ZIP Eustis, FL 32726

TITLE T ☐ Delete
NAME HOLTZCLAW, RACHEL
STREET ADDRESS 66 W SEMINOLE AVE.
CITY-ST-ZIP EUSTIS FL 32726

TITLE VP James McDonald ☒ Change ☐ Addition
NAME 37617 Sandy Lane
STREET ADDRESS Grand Island, FL 32735
CITY-ST-ZIP

TITLE S ☒ Delete
NAME JIRIK, EDWARD F.
STREET ADDRESS 31750 TROPICAL SHORES DRIVE
CITY-ST-ZIP TAVARES FL 32778

TITLE S ☒ Change ☒ Addition
NAME Richard Nolan
STREET ADDRESS 2741 Vindale Rd
CITY-ST-ZIP Tavares, FL 32778

TITLE VP ☐ Delete
NAME REYNOLDS, SUZANNE
STREET ADDRESS 1111 LAKESHORE DR/FAIR OAKS 9-6
CITY-ST-ZIP EUSTIS FL 32726

TITLE T ☒ Change ☐ Addition
NAME Freeman, Cindy
STREET ADDRESS 1403 Alfred St #104
CITY-ST-ZIP TAVARES, FL 32778

TITLE D ☐ Delete
NAME FREEMAN, CINDY
STREET ADDRESS 1402 ALFRED #104
CITY-ST-ZIP TAVARES FL 32778

TITLE D ☒ Change ☐ Addition
NAME Bob Moulden
STREET ADDRESS 1316 S. BAY STREET
CITY-ST-ZIP EUSTIS, FL 32726-5551

TITLE D ☐ Delete
NAME SCHMIDT, WILLIAM
STREET ADDRESS 2727 S GROVE ST.
CITY-ST-ZIP EUSTIS FL 32726

TITLE D ☒ Change ☐ Addition
NAME SCHMIDT, WILLIAM
STREET ADDRESS 1989 Meadowside Drive
CITY-ST-ZIP EUSTIS, FL 32726

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/00 352-742-6313
Date Daytime Phone #