

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N09513**

1. Entity Name

KIWANIS CLUB OF EUSTIS, FLORIDA, INC.**FILED**
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90168 032 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 1225
EUSTIS FL 32727-1600P.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 \$61.259. 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	<input type="checkbox"/> Delete
NAME	MOULDEN, ROBERT	
STREET ADDRESS	P.O. BOX 1493	
CITY-ST-ZIP	EUSTIS FL 32727-1493	
TITLE	T	<input type="checkbox"/> Delete
NAME	FREEMAN, CYNTHIA	
STREET ADDRESS	1403 ALFRED # 104	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NOLAN, RICHARD	
STREET ADDRESS	2741 VINDALE RD.	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLTZCLAW, RACHEL	
STREET ADDRESS	66 W SEMINOLE AVENUE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D	<input type="checkbox"/> Delete
NAME	REYNOLDS, DUZANNE	
STREET ADDRESS	1111 LAKESHORE DRIVE/FAIROAKS B-6	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHMIDT, WILLIAM	
STREET ADDRESS	2727 S GROVE ST.	
CITY-ST-ZIP	EUSTIS FL 32726	

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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

→ First Name is Suzanne not Duzanne

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]*SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

Date 1/22/02

Daytime Phone # 352-589-6424

CR2E037 (9/01)