2000 UNIFORM BUSINESS REPORT (UBR)

Laurance A. Gleason

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # **N10256** May 05, 2000 8:00 am 1. Entity Name Secretary of State KIWANIS CLUB OF DUNEDIN FOUNDATION, INC. 05-05-2000 90072 018 ****61.25 Principal Place of Business Mailing Address P.O. BOX 41 P.O. BOX 41 DUNEDIN FL 34697-0041 DUNEDIN FL 34697-0041 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3093261 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GLEASON, LAURANCE A 2412 SUMMERWOOD COURT **DUNEDIN FL 34698** City 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. DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 AST TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KENNEDY, ALLAN NAME STREET ADDRESS 2419 SUMMERWOOD COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL** TITLE X Delete V Po Change TITLE **X** Addition **BRAGG, THOMAS** NAME NAME Sheila Deane STREET ADDRESS 3451 LAKE DRIVE STREET ADDRESS 2226 Snead Avenue CITY-ST-7IP CITY-ST-7IP PALM HARBOR FL <u>Dunedin. FL 34698</u> TITLE ☐ Delete TITLE Change ☐ Addition NANDRAM, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 3147 FIESTA DR CITY-ST-7IP CITY-ST-ZIP **DUNEDIN FL 34698** PD PED Change TITLE Delete TITLE ☐ Addition NAME HUETTIG, WILLIAM NAME STREET ADDRESS 499 HAMMOCK DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL PD ☐ Delete PPD **X**(X)ange ☐ Addition HARDIN, HENRY NAME STREET ADDRESS 116 LAKE SHORE DR E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 ☐ Change ☐ Delete TITLE ☐ Addition NAME GLEASON, LAURANCE . Name STREET ADDRESS 2412 SUMMERWOOD COURT STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL** CJTY-ST-7IP 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.