

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10256

1. Entity Name

KIWANIS CLUB OF DUNEDIN FOUNDATION, INC.

Principal Place of Business

P.O. BOX 41
DUNEDIN FL 34697-0041

Mailing Address

P.O. BOX 41
DUNEDIN FL 34697-0041

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

GLEASON, LAURANCE A
2412 SUMMERWOOD COURT
DUNEDIN FL 34698

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

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 12, 2001, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AST
KENNEDY, ALLAN
2419 SUMMERWOOD COURT
DUNEDIN FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
DEANE, SHEILA
2226 SNEAD AVENUE
DUNEDIN FL 34698

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
NANDRAM, ROBERT
3147 FIESTA DR
DUNEDIN FL 34698

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HUETTIG, WILLIAM
499 HAMMOCK DRIVE
PALM HARBOR FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PPD
HARDIN, HENRY
116 LAKE SHORE DR E
PALM HARBOR FL 34684

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GLEASON, LAURANCE
2412 SUMMERWOOD COURT
DUNEDIN FL

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PPD
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BALSANEK, KAREN ROSSI
265 COUNTRYSIDE KEY BLVD
OLDSMAR FL 34677
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 7, 2001 727 736 6918

Date

Daytime Phone #

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90005 036 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)