

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90098 004 ****61.25

DOCUMENT # N10258

1. Entity Name
KIWANIS CLUB OF THE PLAYGROUND AREA, INC.

950197



DO NOT WRITE IN THIS SPACE

Principal Place of Business 315 HOLLYWOOD BLVD STE 4 MARY ESTHER FL 32569 US	Mailing Address KIWANIS CLUB OF PLAYGROUND AREA P.O. BOX 4652 FORT WALTON BEACH FL 32549-4652 US
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2. Principal Place of Business <i>42 Poquito Rd</i>	3. Mailing Address <i>SAME AS ABOVE</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Shalimar, FL</i>	City & State	4. FEI Number 59-6569622	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32579</i>	Country <i>USA</i>	Zip	Country

6. Name and Address of Current Registered Agent
YOUNG, JOE
 315 HOLLYWOOD BLVE, STE 4
 MARY ESTHER FL 32569

7. Name and Address of New Registered Agent
 Name *Rich Gasparian*
 Street Address (P.O. Box Number is Not Acceptable)
42 Poquito Rd.
Shalimar FL
 City **FL** Zip Code *32579*

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 *Richard Gasparian*
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pres</i> GASPARRISON, RICHARD <i>42 POQUITO RD</i> SHALIMAR FL 32579 <i>Keep</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> KROLL, ROBERT <i>784 NAVY ST</i> FORT WALTON BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T</i> CONDE, EMILY <i>9 LAKESHORE DR</i> SHALIMAR FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S</i> LEFFEY, SUE (Leffew) <i>1931 ESTIVAL ST</i> FORT WALTON BEACH FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Post Pres</i> BURTON, ROBERT <i>360 BRIAN CIRCLE</i> MARY ESTHER FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> YOUNG, SHIRLEY <i>315 HOLLYWOOD BLVD, STE 4</i> MARY ESTHER FL 32569

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P.E.</i> Jim Packer <i>64 Shalimar Drive</i> Shalimar, FL 32579 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Fay Watts</i> Director <i>64 Shalimar Drive</i> Shalimar, FL 32579 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> Soath Finkler <i>281 Uinning Way</i> Destin, FL 32541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **4/18/00 850 863-5317**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)