

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10258

1. Entity Name

KIWANIS CLUB OF THE PLAYGROUND AREA, INC.

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

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

Principal Place of Business

Mailing Address

315 HOLLYWOOD BLVD
STE 4
MARY ESTHER FL 32569
US

KIWANIS CLUB OF PLAYGROUND AREA
P.O. BOX 4652
FORT WALTON BEACH FL 32549-4652
US

950197



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

42 Poquito Rd

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Shalimar, FL

City & State

4. FEI Number

59-6569622

Applied For

Not Applicable

Zip
32549

Country
USA

Zip

Country

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

YOUNG, JOE
315 HOLLYWOOD BLVE, STE 4
MARY ESTHER FL 32569

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pres
GASPARRISON, RICHARD
42 POQUITO RD
SHALIMAR FL 32579
☒ Delete
Keep

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.E.
Jim Racker
64 Shalimar Drive
Shalimar, FL 32579
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KROLL, ROBERT
784 NAVY ST
FORT WALTON BEACH FL
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Fay Watts Director
64 Shalimar Drive
Shalimar, FL 32579
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
CONDE, EMILY
9 LAKESHORE DR
SHALIMAR FL 32579
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Scott Finkler
281 Upping Way
Destin, FL 32541
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
LEFFEY, SUE (Leffew)
1931 ESTIVAL ST
FORT WALTON BEACH FL 32547
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Post Pres
BURTON, ROBERT
360 BRIAN CIRCLE
MARY ESTHER FL
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
YOUNG, SHIRLEY
315 HOLLYWOOD BLVD, STE 4
MARY ESTHER FL 32569
☒ Delete

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)(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)