

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90079 031 \*\*\*\*61.25

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**DOCUMENT # N12474**

1. Entity Name

**KIWANIS CLUB OF DOWNTOWN BREAKFAST, INC.**

Principal Place of Business

**434 FERNLEAF  
SEBRING FL 33870**

Mailing Address

**209 LONGVIEW RD.  
SEBRING FL 33870-1434  
US**

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

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SHINHOLSER, OLIN  
430 SOUTH COMMERCE AVENUE  
SEBRING FL 33872**

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**

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 PD ☐ Delete  
NAME BEINER, ALBERT  
STREET ADDRESS 2620 MEMORIAL DRIVE  
CITY-ST-ZIP SEBRING FL 33870-1441

TITLE VD ☐ Delete  
NAME NUGENT, JUDY  
STREET ADDRESS 2815 PAR ROAD  
CITY-ST-ZIP SEBRING FL 33872-1230

TITLE D- ☐ Delete  
NAME SMITH, BRADLEY  
STREET ADDRESS 22635 NORTH AVACADO ROAD  
CITY-ST-ZIP AVON PARK FL 33825-9335

TITLE SD ☐ Delete  
NAME COLLIER, KEVIN  
STREET ADDRESS 3411 AUSTIN STREET  
CITY-ST-ZIP SEBRING FL 33830

TITLE DT ☐ Delete  
NAME KENT, ALAN W.  
STREET ADDRESS 209 LONGVIEW RD.  
CITY-ST-ZIP SEBRING FL 33870

TITLE D ☐ Delete  
NAME COLANGELO, JOE  
STREET ADDRESS 239 JAY AVE.  
CITY-ST-ZIP SEBRING FL 33872

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME CYNTHIA G. MITCHELL  
STREET ADDRESS 7590 E. HORSE HAMMOCK RD  
CITY-ST-ZIP AVON PARK, FL 33825-9222

TITLE VD ☒ Change ☐ Addition  
NAME KELLY MCGEE  
STREET ADDRESS 1130 EDMOOR AVE  
CITY-ST-ZIP SEBRING, FL 33870-3017

TITLE D- ☒ Change ☐ Addition  
NAME MARIA KAISER  
STREET ADDRESS 338 S. ORANGE ST  
CITY-ST-ZIP SEBRING, FL 33870

TITLE SD ☒ Change ☐ Addition  
NAME JUDY NUGENT  
STREET ADDRESS 2815 PAR ROAD  
CITY-ST-ZIP SEBRING, FL 33872-1230

TITLE DT ☒ Change ☐ Addition  
NAME ALAN W. KENT  
STREET ADDRESS 209 LONGVIEW RD  
CITY-ST-ZIP SEBRING, FL 33870-1434

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

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

**ALAN W. KENT, 16JAN2001**

**863-471-5500 x254**

Date

Daytime Phone #

CR2E037 (10/00)