

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90120 020 ****61.25

DOCUMENT # N12474

1. Entity Name

KIWANIS CLUB OF DOWNTOWN BREAKFAST, INC.

Principal Place of Business

Mailing Address

434 FERNLEAF
SEBRING FL 33870

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

7. Name and Address of New Registered Agent

SHINHOLSER, OLIN
430 SOUTH COMMERCE AVENUE
SEBRING FL 33872

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **VD** ☐ Delete
NAME **MCGEE, KELLY**
STREET ADDRESS **1130 EDGEMOOR AVE.**
CITY-ST-ZIP **SEBRING FL 33870-3017**

TITLE **VD** ☒ Change ☐ Addition
NAME **COLLIER, KEVIN**
STREET ADDRESS **3411 AUSTIN ST**
CITY-ST-ZIP **SEBRING, FL 33872-3112**

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

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

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

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

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

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

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

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: ALAN W. KENT, TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 JAN 2002

863-471-5500x254

Date

Daytime Phone #

CR2E037 (9/01)