

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90165 005 ****61.25

DOCUMENT # N18023

1. Entity Name

KIWANIS CLUB OF HOLIDAY, INC.

Principal Place of Business

% ERNEST G. COLE
 5207 MARINE PKWY
 NEW PORT RICHEY FL 34652

Mailing Address

% ERNEST G. COLE
 5207 MARINE PKWY
 NEW PORT RICHEY FL 34652

00045896



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0249443

Applied For

Not Applicable

Zip

Country

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

COLE, ERNEST G
5207 MARINE PKWY
NEW PORT RICHEY FL 34652

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **COLE, ERNEST G**
 CITY-ST-ZIP **5207 MARINE PARKWAY**
NEW PORT RICHEY FL

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WOLFENDEN, ROBERT**
 CITY-ST-ZIP **8429 ASHFORD PLACE**
NEW PORT RICHEY FL 34655

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

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **MOLL, MILTON M**
 CITY-ST-ZIP **15726 BRENDA ST**
HUDSON FL 34667

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

TITLE ☐ Delete
 NAME **ED**
 STREET ADDRESS **EDWARDS, HAROLD**
 CITY-ST-ZIP **5011 HERE FORD DR**
NEW PORT RICHEY FL 34655

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **CAMPOS, ROSE**
 CITY-ST-ZIP **6026 2ND AVENUE**
NEW PORT RICHEY FL 34653

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **SD**
 STREET ADDRESS **GLOVER HOWELL D.**
 CITY-ST-ZIP **4850 FT SHAW RD**
NEW PORT RICHEY FL 34655

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:

MILTON M. MOLL, DIRECTOR
MILTON M. MOLL, DIRECTOR

4/28/01 727 819 2925 EXT 5384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)