

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N18023

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: KIWANIS CLUB OF HOLIDAY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 51-0249443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COLE, ERNEST G
Address: 5207 MARINE PARKWAY
City-St-Zip: NEW PORT RICHEY, FL

Title: D () Delete
Name: WOLFENDEN, ROBERT
Address: 8429 ASHFORD PLACE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD () Delete
Name: MOLL, MILTON M
Address: 15726 BRENDA ST
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: EDWARDS, HAROLD
Address: 5011 HERE FORD DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: CAMPOS, ROSE
Address: 6026 2ND AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: SD () Delete
Name: GLOVER, HOWELL D
Address: 4530 FT SHAW RD
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PAGANO, MICHAEL A
Address: 1013 BAY VISTA DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MOLL, MILTON M
Address: 15726 BRENDA ST
City-St-Zip: HUDSON, FL 34667 38

Title: P (X) Change () Addition
Name: EDWARDS, HAROLD
Address: 5011 HERE FORD DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D (X) Change () Addition
Name: BURKE, THOMAS A
Address: 4936 US HIGHWAY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S (X) Change () Addition
Name: GLOVER, HOWELL D
Address: 4530 FT SHAW DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILTON M. MOLL

TREA

04/30/2002

Electronic Signature of Signing Officer or Director

Date