

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

0082740

DOCUMENT # N18150

1. Entity Name

KIWANIS CLUB OF WILDWOOD, FLORIDA, INC.

04-06-2001 90043 022 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 40
 WILDWOOD FL 34785

P.O. BOX 40
 WILDWOOD FL 34785

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

COUILLARD, DIANE
609 N. OLD WIRE ROAD
WILDWOOD FL 34785

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
 NAME ROCKCASTLE, RUTH
 STREET ADDRESS 600 E. DIXIE
 CITY-ST-ZIP LEESBURG FL 34484 ☐ Delete

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

TITLE VPD
 NAME STATON, TANGIE
 STREET ADDRESS 300 S. MAIN
 CITY-ST-ZIP WILDWOOD FL 34785 ☐ Delete

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

TITLE SD
 NAME HYNDS, SUZANNE
 STREET ADDRESS 11423 HERITAGE WAY
 CITY-ST-ZIP LARGO FL 33778 ☐ Delete

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

TITLE TD
 NAME OGILVIE, ALEX
 STREET ADDRESS 406 S. MAIN
 CITY-ST-ZIP WILDWOOD FL 34785 ☐ Delete

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Date

Daytime Phone #

4-2-01 (352) 748-1621

CR2E037 (10/00)