

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19688

1. Entity Name

THE KIWANIS CLUB OF SAN CARLOS PARK, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90083 017 \*\*\*\*61.25

Principal Place of Business

16751 PHEASANT CT.  
FORT MYERS FL 33408-5343  
US

Mailing Address

16751 PHEASANT CT.  
FT MYERS FL 33908-5343  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2161758

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

SHELLENBARGER, WILBUR D  
16751 PHEASANT CT.  
FORT MYERS FL 33908-5343

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 *Wilbur D. Shellenbarger, WILBUR D. SHELLENBARGER*

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/12/2000  
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	D	<input type="checkbox"/> Delete
NAME	OAKES, EARL L	
STREET ADDRESS	7451 BEAR HOLLOW CIR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEHRING, CARL	
STREET ADDRESS	6043 BIRNAM WOOD LN SW	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WALSH, MATTHEW R	
STREET ADDRESS	9713 DEVONWOOD CT.	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHARF, REV FREDERICK	
STREET ADDRESS	22644 WEST BRIDGE CT	
CITY-ST-ZIP	ESTERO FL 33912	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KUSHNER, ROBERT	
STREET ADDRESS	7571 WINGED FOOT DR	
CITY-ST-ZIP	FT MEYRS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRUCE, WILLIAM W	
STREET ADDRESS	18054 OCALA RD, SE	
CITY-ST-ZIP	FORT MYERS FL 33912	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OAKES, EARL L	
STREET ADDRESS	160 COUNTY RD. 951 # 2053	
CITY-ST-ZIP	NAPLES, FL 34119-9709	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, MATTHEW R	
STREET ADDRESS	9713 DEVONWOOD CT.	
CITY-ST-ZIP	FT. MYERS, FL 33912-4855	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARCHAK, ESTHER	
STREET ADDRESS	RTE 11	
CITY-ST-ZIP	18517 BRADENTON RD S.E. FT. MYERS, FL 33912-3502	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IPPOLITO, NATALE J	
STREET ADDRESS	19798 BEAULIEU CT.	
CITY-ST-ZIP	FT. MYERS, FL 33908-4831	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Wilbur D. Shellenbarger* WILBUR D. SHELLENBARGER 1/12/00 (941) 482-8308  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY Date Daytime Phone #

CR2E037 (9/99)