

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20475

1. Entity Name

PERRY KIWANIS CLUB, INC.

FILED

Mar 13, 2000 8:00 am  
Secretary of State

03-13-2000 90036 002 \*\*\*\*61.25

Principal Place of Business

Mailing Address

PO BOX 911  
PERRY FL 32347

PO BOX 911  
PERRY FL 32348-0911

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

59-6151479

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

FALTIN CHARLES F.

410 RIDGE RD. 213 PINE LAND  
PERRY FL 32347

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

*Charles F. Faltin*

3/9/00

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 S ☐ Delete  
NAME BAKER, GLENN  
STREET ADDRESS RT 4 BOX 526-5  
CITY-ST-ZIP PERRY FL 32347

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

TITLE D ☐ Delete  
NAME CRUCE, CLYDE  
STREET ADDRESS 207 E MAGNOLIA ST  
CITY-ST-ZIP PERRY FL 32347

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

TITLE VP ☐ Delete  
NAME BASSETT, JAMES, JR.  
STREET ADDRESS 127 SPRINGHILL RD.  
CITY-ST-ZIP PERRY FL 32347

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

TITLE T ☐ Delete  
NAME FALTIN CHARLES  
STREET ADDRESS 110 RIDGE ROAD.  
CITY-ST-ZIP PERRY FL

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

TITLE D ☐ Delete  
NAME CHILDS, ROBERT  
STREET ADDRESS 116 PINE TREE ROAD  
CITY-ST-ZIP PERRY FL

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

TITLE P ☒ Delete  
NAME LINCOLN, DONALD D  
STREET ADDRESS 4181 POLYHILL DR.  
CITY-ST-ZIP PERRY FL 32347

TITLE ☐ Change ☒ Addition  
NAME P  
STREET ADDRESS MARK PELT  
CITY-ST-ZIP 707 POCKETT RD  
PERRY FL 32347

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: *SCOTT FALTIN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00

Date

858-584-9659

Daytime Phone #

CR2E037 (9/99)