

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90153 028 ****61.25

DOCUMENT # N20519

1. Entity Name

BOCA CIEGA KIWANIS FOUNDATION, INC.



Principal Place of Business

**C/O F.R. HITT
433 - 76TH AVENUE
ST. PETERSBURG BEACH FL 33706**

Mailing Address

**C/O F.R. HITT
433 - 76TH AVENUE
ST. PETERSBURG BEACH FL 33706**

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 **59-2848645**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HITT, F. RICHARD
433 - 76TH AVENUE
ST. PETERSBURG BCH FL 33706**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HITT, F. RICHARD**
STREET ADDRESS **433 - 76 AVE**
CITY-ST-ZIP **ST PETE BEACH FL 33706 - 2735**

TITLE **D** ☒ Delete
NAME **OLSEN, JACK**
STREET ADDRESS **5020-26 AVE. S.**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D** ☒ Delete
NAME **WHITMAN, MIKE**
STREET ADDRESS **11211 CHEROKEE DR.**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D** ☐ Delete
NAME **BURKE, FRANK**
STREET ADDRESS **6498 32ND AVE., N.**
CITY-ST-ZIP **ST. PETERSBURG FL 33710-2436**

TITLE ☐ Delete
NAME **Director, Treasurer**
STREET ADDRESS **Robert L. Baker**
CITY-ST-ZIP **1919 Beckett Lake Dr.,
Clearwater, FL 33763-4407**

TITLE ☐ Delete
NAME **Director, Secretary**
STREET ADDRESS **Lawrence P. Sousa**
CITY-ST-ZIP **5400 Bates St.,
Seminole FL 33772-7147**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

F. RICHARD HITT

2-24-03 727-367-1976

CR2E037 (10/02)