

2000 UNIFORM BUSINESS REPORT (UBR)

5/10/00-90111-025-\$61.25-\$61.25

DOCUMENT # N21598

1. Entity Name

KIWANIS CLUB OF SOUTH MIAMI, INC.

FILED

00 JUN -9 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

PO BOX 431975
SOUTH MIAMI FL 33143

Mailing Address

PO BOX 431975
SOUTH MIAMI FL 33243-1975

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0244250

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

REES, EUGENE W
7600 RED ROAD #211
MIAMI FL 33143

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

Eugene W Rees
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/00
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 ☐ Delete
NAME GOESER, BRUCE
STREET ADDRESS 7821 S.W. 56 ST
CITY-ST-ZIP MIAMI FL 33155

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

TITLE PED ☐ Delete
NAME HARRISON, ED
STREET ADDRESS 1148 S.W. 87 TERR
CITY-ST-ZIP MIAMI FL 33173

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

TITLE VD ☐ Delete
NAME DONALDSON, PASCHA
STREET ADDRESS 6001 S.W. 85TH AVE
CITY-ST-ZIP MIAMI FL 33143

TITLE P.E.D. ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME REES, EUGENE
STREET ADDRESS 7600 RED ROAD #211
CITY-ST-ZIP MIAMI FL 33143

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

TITLE SD ☒ Delete
NAME GWIN, JAMES B
STREET ADDRESS 6471 SW 21 ST
CITY-ST-ZIP MIAMI FL 33155

TITLE Director ☐ Change ☒ Addition
NAME George Cadman II
STREET ADDRESS 9238 SW 212th ST TERR
CITY-ST-ZIP Miami, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
NAME Frederick Brown
STREET ADDRESS 10240 SW 107th ST
CITY-ST-ZIP Miami FL 33176

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

Eugene W Rees, Treas
Eugene W Rees

305-662-7030

Date

Daytime Phone #

CR2E037 (9/99)