

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90115 028 ****61.25

DOCUMENT # N22965

1. Entity Name

KIWANIS CLUB OF GREATER HAINES CITY, FLORIDA, IN

Principal Place of Business

136 SOUTH 6TH STREET
 HAINES CITY FL 33844

Mailing Address

PO BOX 905
 HAINES CITY FL 33845-0905

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

59-1695483

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, THOMAS M
166 DARTMOUTH DRIVE
HAINES CITY FL 33844

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 **P**
 NAME **WIDENER, LAWRENCE**
 STREET ADDRESS **8006 WATERVIEW WAY SE**
 CITY-ST-ZIP **WINTER HAVEN FL 33884-3556**

Delete

TITLE **P**
 NAME **CLEMONS, DAN**
 STREET ADDRESS **1510 NORTH 26th TERRACE**
 CITY-ST-ZIP **HAINES C. FL 33844**

Change Addition

TITLE **D**
 NAME **PILGRIM, OWEN**
 STREET ADDRESS **211 EDELWEISSE DR**
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE **D**
 NAME **FLOWERS, OWEN**
 STREET ADDRESS **706 CHURCH AVE**
 CITY-ST-ZIP **HAINES CITY FL 33844**

Delete

TITLE **D**
 NAME **COTNER, PATRICK**
 STREET ADDRESS **526 AVE H, SE**
 CITY-ST-ZIP **WINTER HAVEN, FL 33880**

Change Addition

TITLE **D**
 NAME **VICKERS, DORSEY**
 STREET ADDRESS **1010 NORMA AVE**
 CITY-ST-ZIP **HAINES CITY FL 33844**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE **D**
 NAME **RANDALL, DONNA**
 STREET ADDRESS **602 LAKE LEHA BLVD**
 CITY-ST-ZIP **AUBURNDALE FL 33823**

Delete

TITLE **D**
 NAME **McKnight, Louis**
 STREET ADDRESS **115 E. LEMON**
 CITY-ST-ZIP **DAVENPORT, FL 33834**

Change Addition

TITLE **ST**
 NAME **WILSON, THOMAS M**
 STREET ADDRESS **166 DARTMOUTH DRIVE**
 CITY-ST-ZIP **HAINES CITY FL 33844**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

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:

Thomas M. Wilson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00
 Date

863-956-3515
 Daytime Phone #

CR2E037 (9/99)

22965

Attachment
00041273

Attachment to Kiwanis Club of Greater Haines City 2000 Uniform Business Report

Block 11:

V
Nadeau, Alcide
773 Center Crest Blvd.
Davenport, Fl. 33837

D
Widener, Lawrence
9 Sandalwood Drive
Davenport, Fl. 33837