

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2001 8:00 am**  
**Secretary of State**

04-14-2001 90038 031 \*\*\*\*61.25

**DOCUMENT # N22965**

1. Entity Name

**KIWANIS CLUB OF GREATER HAINES CITY, FLORIDA, IN**

Principal Place of Business

Mailing Address

**136 SOUTH 6TH STREET  
 HAINES CITY FL 33844**

**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

*Thomas M. Wilson*  
 Signature, typed or printed name of registered agent and title if applicable.

**THOMAS M. WILSON, SECRETARY**

(NOTE: Registered Agent signature required when reinstating)

**4/16/01**

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  Delete  
 NAME **P CLEMONS, DAN**  
 STREET ADDRESS **1510 NORTH 26 TERRACE**  
 CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE  Change  Addition  
 NAME **P NADEAU, ALCIDE**  
 STREET ADDRESS **773 CENTER CREST BLVD**  
 CITY-ST-ZIP **DAVENPORT, FL 33837**

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

TITLE  Change  Addition  
 NAME **D WIDENBER, LAWRENCE**  
 STREET ADDRESS **9 SANDALWOOD DRIVE**  
 CITY-ST-ZIP **DAVENPORT, FL 33837**

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

TITLE  Change  Addition

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

TITLE  Change  Addition

TITLE  Delete  
 NAME **D MCKNIGHT, LOUIS**  
 STREET ADDRESS **115 E. LEMON**  
 CITY-ST-ZIP **DAVENPORT FL 33836**

TITLE  Change  Addition

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

TITLE  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

Date

Daytime Phone #

**4/16/01 863-956-3575**

CR2E037 (10/00)