

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90047 033 \*\*\*\*61.25

0044953

**DOCUMENT # N23325**

1. Entity Name

**KIWANIS CLUB OF FORT LAUDERDALE-CORAL RIDGE, INC**

Principal Place of Business

**C/O RICHARD D. HELLER  
110 S.E. 6TH STREET 15TH FLOOR  
FORT LAUDERDALE FL 33301**

Mailing Address

**C/O RICHARD D. HELLER  
110 S.E. 6TH STREET 15TH FLOOR  
FORT LAUDERDALE FL 33301**

2. Principal Place of Business

**5800 N. E. 21 Terrace**  
Suite, Apt. #, etc.

3. Mailing Address

**5800 N. E. 21 Terrace**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**FORT LAUDERDALE, FL**

City & State  
**FORT LAUDERDALE FL**

4. FEI Number  
**59-6168908**

Applied For  
Not Applicable

Zip  
**33308-2520**

Country

Zip  
**33308-2520**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HELLER, RICHARD D.  
110 S.E. 6TH ST.  
28TH FLOOR  
FT LAUDERDALE FL 33301-2000**

7. Name and Address of New Registered Agent

Name  
**HUGH L. HARRIS**  
Street Address (P.O. Box Number is Not Acceptable)  
**5800 N. E. 21 Terrace**  
City  
**FORT LAUDERDALE FL** Zip Code  
**33308-2520**

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 **HUGH L. HARRIS**

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

(NOTE: Registered Agent signature required when reinstating)

**APRIL 17, 2001**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MURRAY, LOUIS 2940 NW 6 TERRACE WILTON MANORS FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD HARRIS, HUGH L. 5800 NE 21 TERRACE FT. LAUDERDALE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PED DALLETT, MICHAEL 1401 NW 45 STREET FORT LAUDERDALE FL 33309-3733</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD GOLDSTEIN, MICHAEL 1973 E SUNRISE BLVD FORT LAUDERDALE FL 33304-1453</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T NORWOOD, REBECCA 4060 NW 19 TERRACE OAKLAND PARK FL 33309</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOKKER, EARL 1701 NE 42 ST OAKLAND PARK FL 33334</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MICHAEL GOLDSTEIN 1975 E. SUNRISE BLVD-SUITE 607 FT LAUDERDALE, FL 33304-1453</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LEN DATO 5458 N. W. 45 WAY COCONUT CREEK, FL 33073</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

**HUGH L. HARRIS** **4/18/01** **954-491-2586**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

Attachment  
956068  
#N03325



## *Kiwanis Club of Fort Lauderdale - Coral Ridge*

FORT LAUDERDALE, FLORIDA

ADD THE FOLLOWING:

NEIL MacLAREN  
1861 S. W. 6 AVENUE  
POMPANO BEACH, FL 33060-9019

LOUIS MURRAY  
2940 N. W. 6 TERRACE  
WILTON MANORS, FL 33311-2425

CARYL STEVENS  
13111 N. E. 42 STREET  
OAKLAND PARK, FL 33334-4660

LAYNE WALLS  
1921 N. E. 41 STREET  
OAKLAND PARK, FL 33308-5535

ALL OF THE ABOVE ARE DIRECTORS