

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90014 048 ****61.25

DOCUMENT # N32875

1. Entity Name

LAKELAND KIWANIS FOUNDATION, INC.



Principal Place of Business

Mailing Address

203 KERNEYWOOD
LAKELAND FL 33803

P.O. BOX 2036
LAKELAND FL 33806

2. Principal Place of Business

5015 S. FLORIDA AVE

3. Mailing Address

P.O. Box 2294

Suite, Apt. #, etc.

409

Suite, Apt. #, etc.

City & State

LAKELAND, FL

City & State

LAKELAND, FL

Zip 33813

Country USA

Zip 33806

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2965158

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARKS, JOHN PAUL
5300 SOUTH FLORIDA AVENUE
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name MADDEN, ROBERT L.

Street Address (P.O. Box Number is Not Acceptable)

5015 SOUTH FLORIDA AVE, SUITE 409

City LAKELAND

FL

Zip Code 33813

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

Robert L. Madden, ROBERT L. MADDEN, PRESIDENT 9/11/00

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

After September 13, 2000 min. will be \$236.25

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	ZIMMERMANN, G F III	
STREET ADDRESS	203 KERNEYWOOD	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	☒ Delete
NAME	LEE, JACK C	
STREET ADDRESS	100 S. KENTUCKY AVENUE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	☐ Delete
NAME	MADDEN, ROBERT L	
STREET ADDRESS	2426 JONILA	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	VD	☒ Delete
NAME	ROBERTS, J H JR.	
STREET ADDRESS	1446 OAKLAWN PLACE	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	☒ Delete
NAME	MOTTERN, RICHARD C SR.	
STREET ADDRESS	6972 HAYTER DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	TD	☒ Delete
NAME	FARNSWORTH, JAMES L	
STREET ADDRESS	121 SHADOW LANE	
CITY-ST-ZIP	LAKELAND FL 33813	

TITLE	D	☐ Change ☒ Addition
NAME	CATRALL, MATTHEW	
STREET ADDRESS	1829 E. EDGEWOOD DR.	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	D	☐ Change ☒ Addition
NAME	MUNEZ, CHARLES	
STREET ADDRESS	811 E. MAIN STREET	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	PD	☒ Change ☐ Addition
NAME	MADDEN, ROBERT L.	
STREET ADDRESS	5015 S. FLORIDA AVE, #409	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	D	☐ Change ☒ Addition
NAME	PHILIPSON, CAROLE	
STREET ADDRESS	1324 LAKELAND HILLS BLVD.	
CITY-ST-ZIP	LAKELAND, FL 33804	
TITLE	D	☐ Change ☒ Addition
NAME	SMITH, KARIN DAY	
STREET ADDRESS	5009 HANOVER LANE	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	D	☐ Change ☒ Addition
NAME	SPERRY, KATHLEEN	
STREET ADDRESS	35 LAKE MORTON DRIVE	
CITY-ST-ZIP	LAKELAND, FL 33801	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 other like empowered.

SIGNATURE:

Robert L. Madden, ROBERT L. MADDEN, 9/11/00 863-648-1001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)