

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90111 050 ***70.00

DOCUMENT # N34172

1. Entity Name

DUNEDIN NORTH ROTARY ENDOWMENT FOUNDATION, INC.



Principal Place of Business

% C ALLEN KYNES, JR
2560 GULF TO BAY BLVD., SUITE 300
CLEARWATER FL 33765

Mailing Address

% C ALLEN KYNES, JR
2560 GULF TO BAY BLVD., SUITE 300
CLEARWATER FL 34625

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 **59-2995113**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KYNES JR, C ALLEN
2560 GULF TO BAY BLVD
SUITE 300
CLEARWATER FL 34625

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	KYNES, ALLEN C JR	
STREET ADDRESS	265 EDGEWATER DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CARSON, JACK	
STREET ADDRESS	1328 PEACHTREE DR	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUTTO, EUGENE	
STREET ADDRESS	1191 ROBMAR RD	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BORGNER, RICHARD	
STREET ADDRESS	1560 SANTA BARBARA DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input type="checkbox"/> Delete
NAME	REGISTER, WOODY	
STREET ADDRESS	PO BOX 1075	
CITY-ST-ZIP	DUNEDIN FL 34697	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KURBER, KEITH C	
STREET ADDRESS	1558 ROXBURG LANE	
CITY-ST-ZIP	DUNEDIN FL 34698	

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIDENOUR, DAVID	
STREET ADDRESS	2919 WYCOMBE WAY	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIEDER, DALE	
STREET ADDRESS	455 ALT. 19 South #69	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIVINGSTON, BRUCE	
STREET ADDRESS	1878 ROYAL OAK PLACE EAST	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

DAVID E. RIDENOUR 4/1/03 727-773-2575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)