

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34640

1. Entity Name

KIWANIS CLUB OF PALM HARBOR, FL., INC.

Principal Place of Business

PO BOX 962  
PALM HARBOR FL 34683

Mailing Address

PO BOX 962  
PALM HARBOR FL 34683

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1967651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BORAWSKI, THOMAS J.  
365 MAYFAIR CIRCLE E  
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

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

TITLE VD ☐ Delete  
NAME HEIFETZ, CARL L  
STREET ADDRESS 3693 SIENA LANE  
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE STD ☐ Delete  
NAME PAPUGA, JOHN  
STREET ADDRESS 500 MERAVAN DR.  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE VD ☐ Delete  
NAME OTTAVIANO, NICHOLAS L  
STREET ADDRESS 508 PLOVER PLACE  
CITY-ST-ZIP PALM HARBOR IL 34683

TITLE VD ☐ Delete  
NAME BURNHAM, JOHN H  
STREET ADDRESS 1527 WILLOWBROOK DR  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition  
NAME MARTIN S. BRETT HAUER  
STREET ADDRESS 4816 KYLEMORE CT.  
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE ☐ Change ☐ 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:

*[Signature]* JOHN PAPUGA

4/27/01 727 588-6553

CR2E037 (10/00)

FILED  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90370 029 \*\*\*\*61.25

AVUDDJCC



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