

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90021 044 ****61.25

DOCUMENT # N35302

1. Entity Name

KIWANIS CLUB OF FRIENDSHIP OF OCALA, INC.

Principal Place of Business

Mailing Address

**8375 SW HWY 200
 COMMUNITY RM. 2ND FL
 OCALA FL 34481
 US**

**PAUL SHAERER
 9015 A SW 94TH ST
 OCALA FL 34481
 US**

2. Principal Place of Business

3. Mailing Address

ROBERT KEYSER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7088 SW 115 LOOP

City & State

City & State

OCALA, FL

4. FEI Number

59-3078265

Applied For

Not Applicable

Zip

Country

Zip

Country

34476

MARION

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SHAERER, PAUL S
 9015 A SW 94TH ST
 OCALA FL 34481~~

Name

ROBERT F. KEYSER

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

7088 SW 115 LOOP

City

OCALA

FL

Zip Code

34476

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 KEYSER - SEC.**

Robert F. Keyser

01/11/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~BOB~~ ☐ Delete
 NAME **KEYSER, BOB**
 STREET ADDRESS **7088 SW 115TH LOOP**
 CITY-ST-ZIP **OCALA FL 34476**

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

TITLE ~~DT~~ ☒ Delete
 NAME ~~ASHTON, JIM~~
 STREET ADDRESS **8236 SW 115 STREET**
 CITY-ST-ZIP **OCALA FL 34481**

TITLE **TREASURER** ☒ Change ☐ Addition
 NAME **HENRY HANSCOM**
 STREET ADDRESS **8075 SW 116 LOOP**
 CITY-ST-ZIP **OCALA, FL 34481**

TITLE ~~S~~ ☒ Delete
 NAME **SHAERER, PAUL S**
 STREET ADDRESS **9015 A SW 94TH ST**
 CITY-ST-ZIP **OCALA FL**

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

TITLE ~~JB~~ ☐ Delete
 NAME **ROULE, JAMES**
 STREET ADDRESS **8019 SW 116TH LOOP**
 CITY-ST-ZIP **OCALA FL**

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

TITLE ~~D~~ ☐ Delete
 NAME **NORRIS, JIM**
 STREET ADDRESS **8094 S.W. 116TH LOOP**
 CITY-ST-ZIP **OCALA FL**

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

TITLE ~~D~~ ☐ Delete
 NAME **TREMEWEN, KEN**
 STREET ADDRESS **8016 SW 116TH LOOP**
 CITY-ST-ZIP **OCALA FL**

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: **ROBERT KEYSER - SECRETARY** *Robert F. Keyser* **01/11/02** **352-237-0595**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)