

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36763

1. Entity Name

KIWANIS CLUB OF RIVERDALE-LEE COUNTY, INC.

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90003 007 ****61.25

Principal Place of Business

ROUTE 80 RESTAURANT
4432 PALM BEACH BLVD.
FORT MYERS FL 33905

Mailing Address

% WILLIAM R. HAGN
14042 PALM BEACH BLVD.
FORT MYERS FL 33905

2. Principal Place of Business

3. Mailing Address

9. RALPH E. SHEPARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

18670 TELEGRAPH CREEK

City & State

City & State

ALVA FLORIDA

Zip

Country

Zip

Country

33920

USA

4. FEI Number

65-0300371

Applied For

Not Applicable

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

HAGN, WILLIAM R
14042 PALM BEACH BLVD.
FORT MYERS FL 33905

Name

RALPH E. SHEPARD

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

18670 TELEGRAPH CREEK LANE

City

ALVA

FL

Zip Code

33920

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 RALPH E. SHEPARD SEC.

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

7-12-00

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 P ☐ Delete
NAME DALY ED
STREET ADDRESS 1219 BUENA VISTA DRIVE
CITY-ST-ZIP FORT MYERS FL 33903

TITLE D ☒ Change ☐ Addition
NAME DALY ED
STREET ADDRESS 1219 BUENA VISTA DRIVE
CITY-ST-ZIP FORT MYERS FL 33903

TITLE VP ☐ Delete
NAME ZAKANY, ROWAN
STREET ADDRESS 3916 VILLMOOR LANE
CITY-ST-ZIP FORT MYERS FL 33919

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

TITLE T ☐ Delete
NAME NEWELL, BILLIE
STREET ADDRESS 991 APRIL LANE
CITY-ST-ZIP NORTH FT. MYERS FL 33903

TITLE P ☒ Change ☐ Addition
NAME NEWELL BILLIE
STREET ADDRESS 951 APRIL LANE
CITY-ST-ZIP NORTH FT. MYERS FL 33903

TITLE D ☐ Delete
NAME COLVIN, TOM
STREET ADDRESS 2140 GARDNER ROAD
CITY-ST-ZIP ALVA FL 33920

TITLE D ☐ Change ☐ Addition
NAME TERRY SHORT
STREET ADDRESS 2207 SANTIAGO AVE
CITY-ST-ZIP FT. MYERS FL 33905

TITLE D ☐ Delete
NAME WATSON, CHARLES
STREET ADDRESS 14539 RIVERSIDE DRIVE
CITY-ST-ZIP FORT MYERS FL 33905

TITLE T ☐ Change ☐ Addition
NAME CATHY SHORT
STREET ADDRESS 3675 BROADWAY APT 1
CITY-ST-ZIP FT. MYERS FL 33901

TITLE D ☐ Delete
NAME SHEPARD, RALPH
STREET ADDRESS 18670 TELEGRAPH CREEK RD.
CITY-ST-ZIP ALVA FL 33920

TITLE S ☒ Change ☐ Addition
NAME SHEPARD RALPH
STREET ADDRESS 18670 TELEGRAPH CREEK LANE
CITY-ST-ZIP ALVA, FLORIDA 33920

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RALPH E. SHEPARD 7-12-00 941.694.5631

CR2E037 (5/00)