

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36763

1. Entity Name

KIWANIS CLUB OF RIVERDALE-LEE COUNTY, INC.

Principal Place of Business

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

Mailing Address

% RALPH E. SHEPPARD
18670 TELEGRAPH CREEK
ALVA FL 33920

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
N. Ft. Myers, FL

Zip

Country

Zip

Country

4. FEI Number 65-0300371

Applied For
Not Applicable5. 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

SHEPPARD, RALPH E
18670 TELEGRAPH CREEK LANE
ALVA FL 33920

Name Billie Newell

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

991 April Lane

City N. Ft. Myers

FL 33903

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

Billie A. Newell

9-11-01

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

(NOTE: Registered Agent signature required when (re)electing)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.259. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
Director	DALY, ED	1219 BUENA VISTA DRIVE	FORT MYERS FL 33903	Treasurer	Cathy Short	907 SE 32nd St.	33904
President	ZAKANY, ROWAN	3918 VILLMOOR LANE	FORT MYERS FL 33919				
Secretary	NEWELL, BILLIE	991 APRIL LANE	NORTH FT. MYERS FL 33903				
	D COLVIN, TOM	2140 GARDNER ROAD	ALVA FL 33920				
	D WATSON, CHARLES	14539 RIVERSIDE DRIVE	FORT MYERS FL 33905				
	D SHEPPARD, RALPH	18670 TELEGRAPH CREEK RD.	ALVA FL 33920				

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

Billie A. Newell

9-11-01

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90006 034 ****61.25

978417



DO NOT WRITE IN THIS SPACE