

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36763

1. Entity Name

KIWANIS CLUB OF RIVERDALE-LEE COUNTY, INC.

FILED

May 14, 2002 8:00 am
Secretary of State

05-14-2002 90049 001 ****69.00

Principal Place of Business

Mailing Address

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

% BILLIE NEWELL
991 APRIL LANE
NORTH FORT MYERS FL 33903

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

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

NEWELL, BILLIE
991 APRIL LANE
NORTH FORT MYERS FL 33903

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

Billie Newell Secretary Billie Newell

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

TITLE President ☐ Change ☒ Addition
NAME Mich Christensen
STREET ADDRESS 13635 River Forest Dr.
CITY-ST-ZIP Ft. Myers, FL 33905

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

TITLE Director ☒ Change ☐ Addition
NAME Rowen Zakany
STREET ADDRESS 3916 Villmoor Lane
CITY-ST-ZIP Ft. Myers, FL 33919

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

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

TITLE T ☐ Delete
NAME SHORT, CATHY
STREET ADDRESS 907 SE 32ND STREET
CITY-ST-ZIP CAPE CORAL FL 33904

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Billie Newell Secretary* 4-25-02 633-5946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)