

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37491

1. Entity Name

KIWANIS CLUB FOUNDATION OF THE UNIVERSITY CITY,

Principal Place of Business

10425 SW 48TH PL
GAINESVILLE FL 32605-3722

Mailing Address

10425 SW 48TH PL
GAINESVILLE FL 32608-7173

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

WARD, JOHN F
10425 SW 48 PLACE
GAINESVILLE FL 32608

4. FEI Number

59-3016459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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	T	<input type="checkbox"/> Delete
NAME	WARD, JOHN F	
STREET ADDRESS	10425 SW 48TH PL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	PEPPER, BILL	
STREET ADDRESS	1629 NW 19 CIR	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CANNON, JAMES	
STREET ADDRESS	3919 SW 4TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WHIDDON, DANIEL JR	
STREET ADDRESS	5356 NW 9 LN	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLDER, VANCE	
STREET ADDRESS	5420 NW 9 LN	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BELTZ, BILLY	
STREET ADDRESS	4133 SW 34TH ST	
CITY-ST-ZIP	GAINESVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHLEY WOOD	
STREET ADDRESS	PO BOX 22	
CITY-ST-ZIP	EVINSTON FL 32633	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID JONES	
STREET ADDRESS	1601 NW 19 CIRCLE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	23905 NW 110 AVE	
CITY-ST-ZIP	ALBUQUA FL 32615-7828	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/00 1352/371-6200

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90170 041 ****61.25

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DO NOT WRITE IN THIS SPACE