

2001 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 32605-3722

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

59-3016459

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

WARD, JOHN F
10425 SW 48 PLACE
GAINESVILLE FL 32608

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

T ☐ Delete
NAME WARD, JOHN F
STREET ADDRESS 10425 SW 48TH PL
CITY-ST-ZIP GAINESVILLE FL

D ☒ Delete
NAME PEPPER, BILL
STREET ADDRESS 1629 NW 19 CIR
CITY-ST-ZIP GAINESVILLE FL

S ☐ Delete
NAME WOOD, ASHLEY
STREET ADDRESS PO BOX 22
CITY-ST-ZIP EVINSTON FL 32633

VD ☒ Delete
NAME WHIDDON, DANIEL JR
STREET ADDRESS 5356 NW 9 LN
CITY-ST-ZIP GAINESVILLE FL 32605

P ☐ Delete
NAME JONES, DAVID
STREET ADDRESS 1601 NW 19 CIRCLE
CITY-ST-ZIP GAINESVILLE FL 32605

VD ☐ Delete
NAME BELTZ, BILLY
STREET ADDRESS 23905 NW 110 AVE
CITY-ST-ZIP ALACHUA FL 32015-7828

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

☐ Change ☒ Addition
TITLE
NAME RICHARD CANADAY
STREET ADDRESS PO BOX 1312
CITY-ST-ZIP MELROSE FL 32666

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

☐ Change ☐ Addition
TITLE
NAME RUBEN RAMOS
STREET ADDRESS 2500 NW 50 PL
CITY-ST-ZIP GAINESVILLE FL 32605

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

☒ Change ☐ Addition
TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90084 029 ****61.25

UUUU4044



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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