

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90100 007 \*\*\*\*61.25

**DOCUMENT # N37491**

1. Entity Name

**KIWANIS CLUB FOUNDATION OF THE UNIVERSITY CITY, INC.**

Principal Place of Business

Mailing Address

**10425 SW 48TH PL  
 GAINESVILLE FL 32605-3722**

**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

4. FEI Number

**59-3016459**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **CANADAY, RICHARD**  
 CITY-ST-ZIP **P.O. BOX 1312  
 MELROSE FL 32666**

TITLE ☒ Change ☐ Addition  
 NAME **WARD, DEAN**  
 STREET ADDRESS **2234 SE 41 AVE**  
 CITY-ST-ZIP **GAINESVILLE FL 32641**

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

TITLE ☒ Change ☐ Addition  
 NAME **PATRICKA BARTLETT**  
 STREET ADDRESS **3107 SW 1ST WAY, PATRICIA**  
 CITY-ST-ZIP **GAINESVILLE FL 32605-9074**

TITLE ☐ Delete  
 NAME **V**  
 STREET ADDRESS **RAMOS, RUBEN**  
 CITY-ST-ZIP **2500 NW 50 PL  
 GAINESVILLE FL 32605**

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

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **JONES, DAVID**  
 CITY-ST-ZIP **1601 NW 19 CIRCLE  
 GAINESVILLE FL 32605**

TITLE ☐ Change ☒ Addition  
 NAME **BUTZ, JESSE**  
 STREET ADDRESS **2136 NW 28 ST**  
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE ☒ Delete  
 NAME **P**  
 STREET ADDRESS **BELTZ, BILLY**  
 CITY-ST-ZIP **23905 NW 110 AVE  
 ALACHUA FL 32015-7828**

TITLE ☒ Change ☐ Addition  
 NAME **D**  
 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:

**OCNATURAL REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)