

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90294 046 ****61.25

DOCUMENT # N38793

1. Entity Name

KIWANIS OF THE NATURE COAST, SPRING HILL, FLORID

Principal Place of Business

Mailing Address

P.O. BOX 3218
SPRING HILL FL 34611-3218
US

P.O. BOX 3218
SPRING HILL FL 34611-3218
US

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

59-2982323

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

NESSLER, PAUL J
4052 COMMERCIAL WAY
~~ROUTE 4~~
SPRING HILL FL 34606

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
NAME
SD
CSUKA, MICHAEL ☐ Delete
STREET ADDRESS
13346 LACASITA AVE
CITY-ST-ZIP
SPRING HILL FL 34609

TITLE
NAME
PD
MOORE, SCOTT ☐ Delete
STREET ADDRESS
1263 VENETIA DR.
CITY-ST-ZIP
SPRING HILL FL 34608

TITLE
NAME
D
DODGE, DOT ☐ Delete
STREET ADDRESS
3351 MARGROVE DR.
CITY-ST-ZIP
HERNANDO BEACH FL 34607

TITLE
NAME
D
KUENING, BIK ☐ Delete
STREET ADDRESS
140 OAK LAKE DR
CITY-ST-ZIP
SPRING HILL FL 34608

TITLE
NAME
VD
MORRES, LOUISE ☐ Delete
STREET ADDRESS
4541 GOLF CLUB LN
CITY-ST-ZIP
BROOKSVILLE FL 34609

TITLE
NAME
TD
ATEN, JIM ☐ Delete
STREET ADDRESS
197 OAK LAKE DR.
CITY-ST-ZIP
SPRING HILL FL 34608

TITLE
NAME
SECRETARY ☒ Change ☐ Addition
GEMMILL, BILL
STREET ADDRESS
11294 RICHFORD LANE
CITY-ST-ZIP
SPRING HILL FL 34609

TITLE
NAME
PRESIDENT ☒ Change ☐ Addition
HARRES, LOUISE
STREET ADDRESS
4541 GOLF CLUB LN.
CITY-ST-ZIP
BROOKSVILLE FL 34609

TITLE
NAME
PAST PRESIDENT ☒ Change ☐ Addition
MOORE, SCOTT
STREET ADDRESS
1263 VENETIA DR.
CITY-ST-ZIP
SPRING HILL, FL 34608

TITLE
NAME
☐ Change ☐ Addition

TITLE
NAME
PRESIDENT ELECT ☐ Change ☐ Addition
FRESHMAN, WILL
STREET ADDRESS
10443 FAIRMALD RD.
CITY-ST-ZIP
SPRING HILL FL 34608

TITLE
NAME
TREASURER ☐ Change ☐ Addition
ATEN, JIM (same)

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

Date

Daytime Phone #

CR2E037 (10/00)

0079797