

2001 UNIFORM BUSINESS REPORT (UBR)

5/5/

FILED
May 22, 2001 8:00 am
Secretary of State

05-05-2001 90318 033 ****61.25

DOCUMENT # N39666

1. Entity Name

KWANIS CLUB OF THE LAKE REGION-KEYSTONE HEIGHTS

Principal Place of Business

Mailing Address

201 LAWRENCE BLVD.
P.O. BOX 715
KEYSTONE HEIGHTS FL 32656

201 LAWRENCE BLVD.
P.O. BOX 715
KEYSTONE HEIGHTS FL 32656

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

59-3029294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWELL, PAUL D.
201 LAWRENCE BLVD.
KEYSTONE HEIGHTS FL 32656**

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 STREET ADDRESS CITY-ST-ZIP | TD HODGES, BETTY, K D RT 3 BOX 1078 STARKE FL 32091 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GARNER, VIRGINIA N. D 107 TRUMPETER CT MELROSE FL 32656 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPP CARSON, CRIS 6470 BROOKLYN BAY RD KEYSTONE HEIGHTS FL 32656 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DUANE, JACK 6489 LITTLE LILLY LAKE RD KEYSTONE HEIGHTS FL 32656 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PE DEAN, PHILLIP T 6489 BAKER RD KEYSTONE HEIGHTS FL 32656 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ALLEN, DOT 2732 SE 50TH ST KEYSTONE HEIGHTS FL 32656 | <input checked="" type="checkbox"/> Delete |

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Past President Duane, Jack D 6489 Little Lilly Lake Rd. Keystone Heights, FL 32656 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Dean, Philip T. D 6489 Baker Rd. Keystone Heights, FL 32656 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Betty K Hodges, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 352-473-7275

Date

Daytime Phone #

CR2E037 (10/00)