

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N41334**

1. Entity Name

KIWANIS CLUB OF EAST ORANGE COUNTY FLORIDA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 677536
ORLANDO FL 32867
US

P.O. BOX 677536
ORLANDO FL 32867-7536
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

59-2988832

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

MCCOY, BILL J
3075 N ALAFAYA TRAIL
ORLANDO FL 32826

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 **DT** ☐ Delete
NAME **MCCOY, BILL J**
STREET ADDRESS **3075 ALAFAYA TRAIL**
CITY-ST-ZIP **ORLANDO FL 32826**

TITLE **D/P** ☐ Change ☒ Addition
NAME **Scott Callaway**
STREET ADDRESS **1395 Semoran Blvd.**
CITY-ST-ZIP **Casselberry, FL 32707**

TITLE **PD** ☐ Delete
NAME **SCHMITT, DAVE**
STREET ADDRESS **1552 CROSSWIND CIR**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **Director (D)** ☒ Change ☐ Addition
NAME **Director (D)**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BUCKLAND, JACKIE**
STREET ADDRESS **854 MILLSHORE DR**
CITY-ST-ZIP **CHULUOTA FL 32766**

TITLE **D/S** ☐ Change ☒ Addition
NAME **Rich Alderman**
STREET ADDRESS **1400 W. Fairbanks**
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE **D** ☐ Delete
NAME **LUNSBERRY, KIMBERLY**
STREET ADDRESS **10537 STAINWOOD CIR**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **D** ☐ Change ☒ Addition
NAME **Tammy Douglass**
STREET ADDRESS **3323 Foxcroft Circle**
CITY-ST-ZIP **Oviedo, FL 32826**

TITLE **D** ☐ Delete
NAME **GOFF, LEO**
STREET ADDRESS **21331 REINDEER RD.**
CITY-ST-ZIP **CHRISTMAS FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Ron Weyand**
STREET ADDRESS **413 Faber Drive**
CITY-ST-ZIP **Orlando, FL 32817**

TITLE **D** ☐ Delete
NAME **MURRAY, MICHAEL**
STREET ADDRESS **12287 UNIVERSITY BLVD**
CITY-ST-ZIP **ORLANDO FL 32817**

TITLE **D** ☐ Change ☒ Addition
NAME **Karen Weyand**
STREET ADDRESS **413 Faber Drive**
CITY-ST-ZIP **Orlando, FL 32817**

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:

BILL MCCOY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00
Date

(407) 277-6030
Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE