

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N42169**

1. Entity Name

KIWANIS CLUB OF GREATER LARGO, FLORIDA, INC.

Principal Place of Business

**1860 HARMONY DR.
CLEARWATER FL 33756**

Mailing Address

**1860 HARMONY DR.
CLEARWATER FL 33756-1820**

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

59-3040072

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLACK, MARY GRAY
1860 HARMONY DR.
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

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**

TITLE	P	<input type="checkbox"/> Delete
NAME	BLACK, MARY G	
STREET ADDRESS	1860 HARMONY DR.	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	S	<input type="checkbox"/> Delete
NAME	BENNETT, REGINA	
STREET ADDRESS	1201 S HIGHLAND AVE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	STEEN, PAUL	
STREET ADDRESS	2132 MCMULLEN RD.	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, KEITH	
STREET ADDRESS	8500 ULMERTON RD.	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, TOM	
STREET ADDRESS	2199 NOLAN DR.	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	WASSERMAN, SHEILA	
STREET ADDRESS	6201 BURLINGTON AVE., N	
CITY-ST-ZIP	ST PETERSBURG FL 33710	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME	Bill Belsky (William)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9359 Blind Pass Rd. #504	
CITY-ST-ZIP	St. Petersburg, FL 33706	D
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME	Richard Giebner	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	534 Roser Park Dr. S.	
CITY-ST-ZIP	St. Petersburg, FL 33701	D
TITLE		
NAME	Nancy Mone'	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	111 8th St.	
CITY-ST-ZIP	Belleair Beach, FL 33786	D

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:

MARY GRAY BLACK Mary Gray Black 1-18-2000 (727) 585-288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90006 038 ****61.25



DO NOT WRITE IN THIS SPACE