

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42396

1. Entity Name

KIWANIS CLUB OF WESTSIDE, WEST PALM BEACH FROST

Principal Place of Business

Mailing Address

1301 BELVEDERE RD
W PALM BCH. FL 33480

PO BOX 16995
W PALM BCH. FL 33416-6995

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

65-0391560

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HAUSMAN, LORI J
724 KITTYHAWK WAY
NORTH PALM BEACH FL 33408

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	S	<input checked="" type="checkbox"/> Delete
NAME	OLLIS, BRUCE	
STREET ADDRESS	958 HICKORY TRAIL	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, GINGER	
STREET ADDRESS	4886 CLASSIC LANE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CARLINO, STEVE	
STREET ADDRESS	899 SUNFLOWER AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KORF, DOLORES	
STREET ADDRESS	3701 B SAVORY LANE	
CITY-ST-ZIP	WEST PALM BCH FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 or without other like empowered.

SIGNATURE:

BRUCE M. OLLIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2000 (561) 798-2602
Date Daytime Phone #

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

02-01-2000 90082 001 ***245.00



DO NOT WRITE IN THIS SPACE