2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State
01-26-2001 90014 007 ****61.25

27327

DO NOT WRITE IN THIS SPACE

DOCUMENT #: N46887

1. Entity Name

KIWANIS CLUB OF MIRAMAR - PEMBROKE PINES, INC.

Principal Place of Business	Mailing Address
16366 NE 11 ST PEMBROKE PINES FL 33028 US	P.O. BOX 821822 PEMBROKE PINES FL 33082-1822 US

2. Principal Place of Business	3. Mailing Address
4931 SW 152 AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc. Same
City & State: MIRAMAR, FL	City & State
Zip: 33027 Country: USA	Zip Country

4. FEI Number: NOT APPLICABLE ☐ 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
SANTELICES, ERNIE KLEIN, HARRIS L 16336 NW 11TH STREET PEMBROKE PINES FL 33028	Name: SANTELICES, ERNIE Street Address (P.O. Box Number is Not Acceptable): 4931 SW 152 AVE City: MIRAMAR FL Zip Code: 33027

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: Debra Rooth Ernie Santelices 1/10/01
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	VPD POWELL, SHAWN A 18921 SW 29 CT MIRAMAR FL 33029	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT VPD PUTMAN, BILL 10454 TAFT ST PEMBROKE PINES, FL 33024	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GOOD, TOM 9521 SW 6 ST PEMBROKE PINES FL 33625	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2nd VICE PRESIDENT D KRYSTY, TED 3700 LAKESIDE DR MIRAMAR, FL 33027	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NIBLER, JEANNE 650 SW 138 AVE J-204 PEMBROKE PINES FL 33027	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY D DONNA ROOTH P.O. BOX 823497 PEMBROKE PINES, FL 33082	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRICE, JOHN 3501 COMMERCE PKWY MIRAMAR FL 33065	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER TD JOANNE MINER 12004 MIRAMAR PKWY MIRAMAR, FL 33025	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALKER, DEBRA 6700 MIRAMAR PKWY MIRAMAR FL 33623	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRYSTY, IRIS 3700 LAKESIDE DR MIRAMAR FL 33623	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Debra Rooth REQUIRED 1/10/01 954-443-4611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #