

2002 UNIFORM BUSINESS REPORT (UBR)

AMENDED

05-13-2002 90188 032 ****61.25
F 09-03-2002 90123 047 ****61.25
N46887

DOCUMENT # N46887

1. Entity Name

KIWANIS CLUB OF MIRAMAR - PEMBROKE PINES, INC.

02 SEP -9 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4931 SW 152 AVE
MIRAMAR FL 33027
US

P.O. BOX 821822
PEMBROKE PINES FL 33082-1822
US

2. Principal Place of Business

3. Mailing Address

10454 Taft St.
Suite, Apt. #, etc.

PO Box 821822
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines

Zip
33024

Country

City & State

Pembroke Pines

Zip
33082

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
4931 SW 152 AVE
MIRAMAR FL 33027

Name
BILL PUTMAN

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

10454 Taft St

City
Pembroke Pines

FL

Zip Code
33024

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

8-7-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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
PUTMAN, BILL
10454 TAFT ST
PEMBROKE PINES FL 33024 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
2VPD
KRYSTY, TED
3700 LAKESIDE DR
MIRAMAR FL 33027 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
2VPD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
ROOTH, DONNA
P.O. BOX 823497
PEMBROKE PINES FL 33082 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
MINER, JOANNE
12004 MIRAMAR PKWY
MIRAMAR FL 33025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ 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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-7-02

Date

95182477

Daytime Phone #

CR2E037 (4/02)