

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46962

1. Entity Name

KIWANIS CLUB OF BOCA CIEGA, SAINT PETERSBURG, FL

Principal Place of Business

Mailing Address

5400 BATES ST.  
SEMINOLE FL 33772-7147  
US

5400 BATES ST.  
SEMINOLE FL 33772-7147  
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

59-6144672

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

FLORIDA DISTRICT OF KIWANIS INTERNATIONAL,  
5545 BENCHMARK LANE  
1111 E. PARK LAKE ST.  
SANFORD FL 32773

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 NAME D ANDERS, DAN A ☒ Delete  
STREET ADDRESS 8321 36TH AVE N  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE NAME FRANK T BURKE ☐ Change ☒ Addition  
STREET ADDRESS 6496 32ND AVE N  
CITY-ST-ZIP ST. PETERSBURG FL 33710-2436

TITLE NAME T BAKER, ROBERT L. ☐ Delete  
STREET ADDRESS 1919 BECKETT LAKE DR.  
CITY-ST-ZIP CLEARWATER FL

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

TITLE NAME D HARBORSON, KENNETH J ☒ Delete  
STREET ADDRESS 6301 13TH AVE N  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE NAME ROBERT B DALTON ☐ Change ☒ Addition  
STREET ADDRESS 9828 ASHLEY DR  
CITY-ST-ZIP SEMINOLE FL 33772-2200

TITLE NAME P YERGOUICH, ALLEN ☐ Delete  
STREET ADDRESS 13625 GULF BLVD  
CITY-ST-ZIP MADEIREO BEACH FL

TITLE NAME D YERGOVICH, ALLEN ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME D FEARS, ALBERT C ☐ Delete  
STREET ADDRESS 7009 GREENBRIER DR  
CITY-ST-ZIP SEMINOLE FL

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

TITLE NAME S SOUSA, LAWRENCE P ☐ Delete  
STREET ADDRESS 5400 BATES STREET  
CITY-ST-ZIP SEMINOLE FL

TITLE NAME ☐ Change ☐ Addition  
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 19, 2000 8:00 am  
Secretary of State

01-19-2000 90294 019 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

LAWRENCE P. SOUSA  
SECRETARY

1-11-2000 727-588-6971