

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90104 050 ****61.25

0064564

DOCUMENT # N46962

1. Entity Name

KIWANIS CLUB OF BOCA CIEGA, SAINT PETERSBURG, FL

Principal Place of Business

**5400 BATES ST.
SEMINOLE FL 33772-7147
US**

Mailing Address

**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

TITLE NAME	D BURKE, FRANK T	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6496 32ND AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710-2435	
TITLE NAME	T BAKER, ROBERT L.	<input type="checkbox"/> Delete
STREET ADDRESS	1919 BECKETT LAKE DR.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE NAME	D DALTON, ROBERT B	<input type="checkbox"/> Delete
STREET ADDRESS	9828 ASHLEY DR	
CITY-ST-ZIP	SEMINOLE FL 33772-2200	
TITLE NAME	D YERGOVICH, ALLEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	13625 GULF BLVD	
CITY-ST-ZIP	MADEIREO BEACH FL	
TITLE NAME	D FEARS, ALBERT C	<input type="checkbox"/> Delete
STREET ADDRESS	7009 GREENBRIER DR	
CITY-ST-ZIP	SEMINOLE FL	
TITLE NAME	S SOUSA, LAWRENCE P	<input type="checkbox"/> Delete
STREET ADDRESS	5400 BATES STREET	
CITY-ST-ZIP	SEMINOLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P LOIS A BEACHUM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9461 HARBOR GREENS WAY	
CITY-ST-ZIP	#408	
	SEMINOLE, FL 33776-1258	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		33763-4407
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D JOHN F RILEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6701 30TH ST S	
CITY-ST-ZIP	ST. PETERSBURG, FL 33712-5519	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
		33777
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		33772-7147

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:

LAWRENCE P. SOUSA
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-2001 727-586-6971

CR2E037 (10/00)