

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46962

1. Entity Name

KIWANIS CLUB OF BOCA CIEGA, SAINT PETERSBURG, FL  
ORIDA, INC.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME BEACHUM, LOIS A ☒ Delete  
STREET ADDRESS 9461 HARBOR GREENS WAY #408  
CITY-ST-ZIP SEMINOLE FL 33776-1258

TITLE P  
NAME W SPENCER BOWEN ☐ Change ☒ Addition  
STREET ADDRESS 7409 BURLINGTON AVE N  
CITY-ST-ZIP ST. PETERSBURG, FL 33710

TITLE T  
NAME BAKER, ROBERT L. ☐ Delete  
STREET ADDRESS 1919 BECKETT LAKE DR.  
CITY-ST-ZIP CLEARWATER FL 33763-4407

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

TITLE D  
NAME DALTON, ROBERT B ☐ Delete  
STREET ADDRESS 9828 ASHLEY DR  
CITY-ST-ZIP SEMINOLE FL 33772-2200

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

TITLE D  
NAME RILEY, JOHN F ☒ Delete  
STREET ADDRESS 6701 30TH STREET  
CITY-ST-ZIP SAINT PETERSBURG FL 33712-5519

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

TITLE D  
NAME FEARS, ALBERT C ☒ Delete  
STREET ADDRESS 7009 GREENBRIER DR  
CITY-ST-ZIP SEMINOLE FL 33777

TITLE D  
NAME IMOGENE C CORDOVA ☐ Change ☒ Addition  
STREET ADDRESS 6942 12TH TERR N  
CITY-ST-ZIP ST. PETERSBURG, FL 33710-6126

TITLE S  
NAME SOUSA, LAWRENCE P ☐ Delete  
STREET ADDRESS 5400 BATES STREET  
CITY-ST-ZIP SEMINOLE FL 33772-7147

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*

1/11/02 813-927-1817

Date Daytime Phone #

CR2E037 (9/01)