

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90220 001 ***122.50

DOCUMENT # N47618

1. Entity Name

KIWANIS CLUB OF GULF COAST-SARASOTA, INC.

Principal Place of Business

Mailing Address

**5142 FAR OAKS CIRCLE
SARASOTA FL 34238
US**

**1432 FIRST STREET
SARASOTA FL 34236
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

59-0870760

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

**DRAKE, J. KEVIN
1432 FIRST STREET
SUITE C
SARASOTA FL 34236**

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 ☐ Delete
NAME ~~LANIER, JAMES H SR.~~
STREET ADDRESS **8510 COASH LANE**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE ☐ Change ☐ Addition
NAME **Director Lanier**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME ~~VOLMERINA, ROBERT~~
STREET ADDRESS **760 SUFFOLK CIRCLE**
CITY-ST-ZIP **NOKOMIS FL 34275**

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

TITLE ☐ Delete
NAME **DRAKE, J. KEVIN**
STREET ADDRESS **1432 FIRST STREET**
CITY-ST-ZIP **SARASOTA FL 34236**

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

TITLE ☐ Delete
NAME ~~WOODS, CHARLES~~
STREET ADDRESS **5229 FAR OAK CIRCLE**
CITY-ST-ZIP **SARASOTA FL 34238**

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

TITLE ☐ Delete
NAME **SCHILLER, IRWIN**
STREET ADDRESS **5142 FAR OAK CIRCLE**
CITY-ST-ZIP **SARASOTA FL 34238**

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

TITLE ☐ Delete
NAME **WORTHINGTON, MIKE**
STREET ADDRESS **3793 STERLING RD.**
CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ Change ☐ Addition
NAME
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 supplement to 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 without an address, with an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/02 941-954-7750

CR2E037 (9/01)