

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48381

1. Entity Name

KIWANIS CLUB OF FORT MYERS, FLORIDA - PALM CITY,

Principal Place of Business

2235 KATHERINE ST.
FT MYERS FL 33901
US

Mailing Address

2235 KATHERINE ST.
FT MYERS FL 33901-9541
US

2. Principal Place of Business

342 S.E. 47 ST.

Suite, Apt. #, etc.

3. Mailing Address

342 S.E. 47 ST.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

Zip

33904

Country

USA

City & State

CAPE CORAL, FL

Zip

33904

Country

USA

6. Name and Address of Current Registered Agent

SMITH, LINDA M
2235 KATHERINE ST.
FT MYERS FL 33901

7. Name and Address of New Registered Agent

Name DEVERA WEINLAUF

Street Address (P.O. Box Number is Not Acceptable)
342 S.E. 47th St.

City CAPE CORAL FL Zip Code 33904

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	PD	<input type="checkbox"/> Delete
NAME	RANNER, IRA	
STREET ADDRESS	874 BETHANY CT	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BIALE, NORMA	
STREET ADDRESS	5629 6TH AVE	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, LINDA	
STREET ADDRESS	2235 KATHERINE ST	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WEINLAUF, DEVERA	
STREET ADDRESS	342 SE 47TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90005 028 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0327687
Applied For ☐
Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E037 (9/99)

3-8-00 941-542-6029