

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48677

1. Entity Name

KIWANIS CLUB OF SARASOTA SUNRISE FOUNDATION, INC

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90010 047 ****61.25

001459

Principal Place of Business

2965 BEE RIDGE ROAD
SUITE B
SARASOTA FL 34239
US

Mailing Address

2965 BEE RIDGE ROAD
SUITE B
SARASOTA FL 34239
US

2. Principal Place of Business

5928 21ST ST E

3. Mailing Address

PO BOX 78

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON FL

City & State

ONECO FL

Zip

34203

Country

USA

Zip

34264-0078

Country

USA

4. FEI Number

65-0343172

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENZEL, WALT
2965 BEE RIDGE ROAD
SUITE B
SARASOTA FL 34239

Name

MARK M. ANDERSON

Street Address (P.O. Box Number is Not Acceptable)

5928 21ST ST E

City

BRADENTON

FL

Zip Code

34203

7. Name and Address of New Registered Agent

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)

8/29/01

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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 ☐ Delete

PD
NAME ANDERSON, MARK
STREET ADDRESS 1800 STANFORD LANE
CITY-ST-ZIP SARASOTA FL 34231

TITLE ☐ Delete

VD
NAME CRANE, DAVE
STREET ADDRESS 4070 WESTBOURNE CIRCLE
CITY-ST-ZIP SARASOTA FL 34238

TITLE ☒ Delete

STD
NAME MENZEL, WALT
STREET ADDRESS 2935 TANGLEWOOD WAY
CITY-ST-ZIP SARASOTA FL 34239

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

STD
NAME TRAMMELL, LYNN
STREET ADDRESS 4035 S SCHOOL AV #A8
CITY-ST-ZIP SARASOTA, FL 34231

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 President

8/29/01

941 755 5211

CR2E037 (5/01)