

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48796

1. Entity Name

KIWANIS CLUB OF BOCA RATON-SUNRISE, INC.

Principal Place of Business

6971 NORTH FEDERAL HIGHWAY
SUITE 400
BOCA RATON FL 33487
US

Mailing Address

POST OFFICE BOX 1545
BOCA RATON FL 33429
US

2. Principal Place of Business

750 NE SPANISH RIVER BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

AP 304

City & State

BOCA RATON, FL

Zip

Country

33431-6102

USA

Zip

Country

4. FEI Number

59-6168896

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANGGUUTH, GEORGE F.
% THE FLORIDA DISTRICT OF KIWANIS INTERN.
5545 BENCHMARK LANE
SANFORD FL 32773

7. Name and Address of New Registered Agent

Name ALLEN RICE

Street Address (P.O. Box Number is Not Acceptable)
8912 ESCONDIDO WAY E.

City BOCA RATON

FL

Zip Code 33433

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
NAME COOK, STEPHEN C
STREET ADDRESS 10753 NW 19TH ST
CITY-ST-ZIP CORAL SPRINGS FL 33071
☒ Delete

TITLE SD
NAME IJAMS, KARL F
STREET ADDRESS 1645 NW 8TH STREET
CITY-ST-ZIP BOCA RATON FL 33486
☒ Delete

TITLE TD
NAME NEWMAN, THOMAS S
STREET ADDRESS 1845 NW 4 AVE APT 19
CITY-ST-ZIP BOCA RATON FL 33432-1544
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CATHLEEN HOWARD
STREET ADDRESS 750 NE SPANISH RIVER BLVD. #304
CITY-ST-ZIP BOCA RATON, FL 33431-6102
☐ Change ☒ Addition

TITLE SD
NAME ALLEN RICE
STREET ADDRESS 8912 ESCONDIDO WAY E.
CITY-ST-ZIP BOCA RATON, FL 33433
☐ Change ☒ Addition

TITLE TD
NAME BOB HOWELL
STREET ADDRESS 899 SW 16 ST.
CITY-ST-ZIP BOCA RATON, FL 33486-6904
☐ Change ☒ Addition

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/01 (561) 482-4619

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)