2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N51295 Mar 08, 2000 8:00 am **Secretary of State** KIWANIS CLUB OF GULF BEACHES, MADEIRA BEACH, INC 03-08-2000 90005 005 ****61.25 Principal Place of Business Mailing Address 7300 SUN ISLAM D DR 1001 STARKEN ROAD DON STARKEY ROAD 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3133345 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARVEY 5 BERNS Street Address (P.O. Box Number is Not Acceptable BERNSTEIM rris. D.E. (Gene 15 LAND kstarkey roy Zip Code 33109 -6313 LARGO FL 33771 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. Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition PD ☐ Delete TITLE NAME NAME : BUTLER, ERIC STREET ADDRESS STREET ADDRESS 16108 4TH ST E CITY-\$T-ZIP CITY-ST-ZIP RALEIGH BCH FL 33708 TITLE ☐ Change Addition Delete TITLE andriòn,II, albèrt e NAME NAME STREET ADDRESS STREET ADDRESS 1060 HARTSIDE DR CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition **▼** Delete TITI F **siùi**th Laùra i NAME STREET ADDRESS STREET ADDRESS ,pasadèna avenue CITY-ST-7IP CITY-ST-ZIP siduith pasaidena fl'83707 ☐ Addition ☐ Change ☐ Delete TITLE TITLE TD*/sd* BERNSTEIN, HARVEY NAME STREET ADDRESS STREET ADDRESS 7300 SUN ISLAND DRIVE #1803 CITY-ST-ZIP CITY-ST-ZIP SOUTH PASADENA FL 33707 Change ☐ Addition TITLE ☐ Delete NAME BOKSEN, PHYLIS 690 ISLAND WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33770 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: MANUAL ERNARUE SIGNATURE 3/2/00 727 360 4888