

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51295

1. Entity Name

KIWANIS CLUB OF GULF BEACHES, MADEIRA BEACH, INC

Principal Place of Business

Mailing Address

7300 SON ISLAND DR.
APT. 1803
SO PASADENA FL 33707-6313
US

7300 SON ISLAND DR.
APT. 1803
SO PASADENA FL 33707-6313
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 59-3133345

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

BEENSTEIN, HARVEY S
7300 SUN ISLAND DR. #1803
SO PASADENA FL 33707-6313

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

TITLE PD
NAME BUTLER, ERIC
STREET ADDRESS 16108 4TH ST E
CITY-ST-ZIP RALEIGH BCH FL 33708 ☐ Delete

TITLE TD
NAME BERNSTEIN, HARVEY S
STREET ADDRESS 7300 SUN ISLAND DRIVE #1803
CITY-ST-ZIP SOUTH PASADENA FL 33707 ☐ Delete

TITLE VPD
NAME BOKSEN, PHYLIS
STREET ADDRESS 690 ISLAND WAY
CITY-ST-ZIP CLEARWATER FL 33770 ☐ Delete

TITLE ~~PD~~
NAME ~~BUTLER, ERIC~~
STREET ADDRESS ~~16108 4TH ST E~~
CITY-ST-ZIP ~~RALEIGH BCH FL 33708~~ ☐ 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~~ IMAD. PAST PRBS.
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

TITLE PED
NAME PRBS. ELROT
STREET ADDRESS DON LEVY
CITY-ST-ZIP 9261 136 WAY N
SEMINOLE FL 33777 ☐ Change ☒ Addition

TITLE D
NAME ROBERT GONGER
STREET ADDRESS 616 46 CEN N
CITY-ST-ZIP ST. PETERSBUR FL 33709 ☐ Change ☒ Addition

TITLE D
NAME MARY DAIGLE
STREET ADDRESS 3615 90 TERRACE N
CITY-ST-ZIP ANELLAS PARK FL 33782 ☐ 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:

Harvey S Bernstein HARVEY S BERNSTEIN

Date

1/10/01 729 360 4888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2037 (10/00)