

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000840

1. Entity Name

KIWANIS CLUB OF THE UNIVERSITY CITY, INC.

FILED

Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90170 040 ****61.25

Principal Place of Business

Mailing Address

10425 SW 48 PL
GAINESVILLE FL 32608
US

10425 SW 48 PL
GAINESVILLE FL 32608-7173
US

000001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6153456

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

WARD, JOHN F
10425 SW 48 PLACE
GAINESVILLE FL 32608

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TD	WARD, JOHN F	10425 SW 48TH PL	GAINESVILLE FL	<input type="checkbox"/>
P	PEPPER, BILL	1529 NW 19 CIR	GAINESVILLE FL	<input type="checkbox"/>
VD	JOHNS, DAVID	1601 NW 19 CIR	GAINESVILLE FL	<input type="checkbox"/>
VD	BELTZ, BILLY	4133 SW 34 ST	GAINESVILLE FL	<input type="checkbox"/>
SD	CANNON, NED	3919 SW 4 PL	GAINESVILLE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>
				<input type="checkbox"/>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/00 (352) 371-6200

CR2E037 (9/99)