

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90100 008 ****61.25

DOCUMENT # N93000000840

1. Entity Name

KIWANIS CLUB OF THE UNIVERSITY CITY, INC.

Principal Place of Business

Mailing Address

**10425 SW 48 PL
 GAINESVILLE FL 32608
 US**

**10425 SW 48 PL
 GAINESVILLE FL 32608
 US**

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

**WARD, JOHN F
 10425 SW 48 PLACE
 GAINESVILLE FL 32608**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **WARD, JOHN F**
 CITY-ST-ZIP **10425 SW 48TH PL
 GAINESVILLE FL**

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **PEPPER, BILL**
 CITY-ST-ZIP **1629 NW 19 CIR
 GAINESVILLE FL**

TITLE ☒ Change ☒ Addition
 NAME **WARD, DEAN**
 STREET ADDRESS **2234 SE 41 AVE**
 CITY-ST-ZIP **GAINESVILLE FL 32641**

TITLE ☒ Delete
 NAME **P**
 STREET ADDRESS **JOHNS, DAVID**
 CITY-ST-ZIP **1601 NW 19 CIR
 GAINESVILLE FL**

TITLE ☒ Change ☒ Addition
 NAME **RAMOS, RUBEN**
 STREET ADDRESS **2500 NW 50 PL**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE ☒ Delete
 NAME **VD**
 STREET ADDRESS **BELTZ, BILLY**
 CITY-ST-ZIP **23905 NW 110 AVE
 ALACHUA FL 32605**

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

TITLE ☒ Delete
 NAME **S**
 STREET ADDRESS **WOOD, ASHLEY**
 CITY-ST-ZIP **PO BOX 22
 EVINSTON FL 32633**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **S**
 STREET ADDRESS **BARTLETT, PATRICIA**
 CITY-ST-ZIP **31015 W 1ST WAY
 GAINESVILLE FL 32601-9074**

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

Date

Daytime Phone #

1/18/02 352-371-6200

CR2E037 (9/01)