

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90088 016 ****61.25

DOCUMENT # N93000003284

1. Entity Name

WINTER PARK SUNRISE KIWANIS CLUB FOUNDATION, INC

Principal Place of Business

Mailing Address

PO BOX 1573
WINTER PARK FL 32790-1573
US

PO BOX 1573
WINTER PARK FL 32790-1573
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

59-3193006

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

SMITH, DANIEL D
1605 ASHER LANE
ORLANDO FL 32803-1825

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 D ☒ Delete
NAME ALLISON, JAMES C
STREET ADDRESS 2922 EMBASSY CT
CITY-ST-ZIP CASSELBERRY FL 32707-5874

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

TITLE PD ☐ Delete
NAME COUGHLIN, DANIEL M
STREET ADDRESS 980 VIRGINIA DR
CITY-ST-ZIP WINTER PARK FL 32789-5908

TITLE D ☒ Change ☐ Addition
NAME COUGHLIN, DANIEL M
STREET ADDRESS 980 VIRGINIA DR
CITY-ST-ZIP WINTER PARK, FL

TITLE TD ☐ Delete
NAME CLARK, WILLIAM D
STREET ADDRESS 2017 KEWANEE TRL
CITY-ST-ZIP CASSELBERRY FL 32707-5614

TITLE D ☒ Change ☐ Addition
NAME CLARK, WILLIAM D
STREET ADDRESS 2017 KEWANEE TRL
CITY-ST-ZIP CASSELBERRY, FL 32707-5614

TITLE D ☐ Delete
NAME MELANSON, ROBERT G
STREET ADDRESS 510 AVALON BLVD.
CITY-ST-ZIP ORLANDO FL 32806-4005

TITLE TD ☒ Change ☐ Addition
NAME MELANSON, ROBERT H.
STREET ADDRESS 510 AVALON BLVD
CITY-ST-ZIP ORLANDO, FL 32806-4005

TITLE SD ☐ Delete
NAME SMITH, DANIEL B
STREET ADDRESS 1605 ASHER LN
CITY-ST-ZIP ORLANDO FL 32803-1825

TITLE ~~SD~~ ☒ Change ☐ Addition
NAME ~~SMITH, DANIEL B~~
STREET ADDRESS ~~1605 ASHER LN~~
CITY-ST-ZIP ~~ORLANDO, FL 32803-1825~~

TITLE VD ☐ Delete
NAME WEINROTH, STANLEY
STREET ADDRESS 2685 QUEEN MARY PL
CITY-ST-ZIP MAITLAND FL 32751-5178

TITLE PD ☒ Change ☐ Addition
NAME WEINROTH, STANLEY
STREET ADDRESS 2685 QUEEN MARY PL
CITY-ST-ZIP MAITLAND, FL 32751

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: Robert G Melanson 2/4/02 407623-3490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)