

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003576

1. Entity Name

KIWANIS CLUB OF GREEN COVE SPRINGS, INC.

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90156 030 ****61.25

Principal Place of Business

P.O. BOX 833
PENNEY FARMS FL 32079

Mailing Address

P.O. BOX 833
PENNEY FARMS FL 32079

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

59-3202197

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

WEBB, CHARLES

~~4639 TREVI DR.~~

~~JACKSONVILLE FL 32257~~

1817 Weston Cir

Orange Park, FL 32003

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

After September 13, 2000 min. will be \$236.25

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 P ☐ Delete
NAME SMITH, MARGARET
STREET ADDRESS P.O. BOX 833
CITY-ST-ZIP PENNEY FARMS FL 32079

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

TITLE VP ☐ Delete
NAME RUTLEDGE, HAROLD
STREET ADDRESS 3203 TWILIGHT CT.
CITY-ST-ZIP ~~MIDDLEBURY FL 32068~~

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

TITLE S ☐ Delete
NAME ~~DUPRESNE, JACKIE~~
STREET ADDRESS 1817 WESTON CIR.
CITY-ST-ZIP ORANGE PARK FL 32003

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

TITLE T ☐ Delete
NAME BENNETT, JUDY
STREET ADDRESS 5328 CR 2095
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

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

TITLE D ☐ Delete
NAME WEBB, CHARLES
STREET ADDRESS ~~4639 TREVI DR.~~ 1817 Weston Cir
CITY-ST-ZIP JACKSONVILLE FL 32257 Orange Park, FL 32003

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

TITLE D ☐ Delete
NAME BUNCE, ROSS
STREET ADDRESS P.O. BOX 1009
CITY-ST-ZIP PENNEY FARMS FL 32079

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)