

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90005 013 ****61.25

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DOCUMENT # N93000003576

1. Entity Name

KIWANIS CLUB OF GREEN COVE SPRINGS, INC.

Principal Place of Business

Mailing Address

P.O. BOX ~~833~~ 936
 PENNEY FARMS FL 32079

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 PENNEY FARMS FL 32079

PENNEY FARMS, FL 32079

PENNEY FARMS, FL 32079

2. Principal Place of Business

MAGNOLIA POINT GOLF CLUB

3. Mailing Address

ROBERT SMYRES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 936

City & State

GREEN COVE SPRINGS

City & State

PENNEY FARMS, FL 32079

Zip
 32043

Country
 CLAY

Zip
 32043

Country
 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBB, CHARLES

4639 TREVI DR. 1817 WESTON CIRCLE
 JACKSONVILLE FL 32257 ORANGE PARK, FL 32003

Name

SAME

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

Charles H. Webb

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/19/01

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	P	<input checked="" type="checkbox"/> Delete
NAME	SMITH, MARGARET	
STREET ADDRESS	P.O. BOX 833	
CITY-ST-ZIP	PENNEY FARMS FL 32079	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RUTLEDGE, HAROLD	
STREET ADDRESS	3203 TWILIGHT CT.	
CITY-ST-ZIP	MIDDLEBURY FL 32068	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DUFRESNE, JACKIE	
STREET ADDRESS	1817 WESTON CIR.	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, JUDY	
STREET ADDRESS	5328 CR 2095	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEBB, CHARLES	
STREET ADDRESS	4639 TREVI DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUNCE, ROSS	
STREET ADDRESS	P.O. BOX 1009	
CITY-ST-ZIP	PENNEY FARMS FL 32079	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAROLD RUTLEDGE	
STREET ADDRESS	3203 TWILIGHT CT.	
CITY-ST-ZIP	MIDDLEBURY, FL 32068	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDY BENNETT	
STREET ADDRESS	5328 CR 2095	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNCE, ROSS	
STREET ADDRESS	P.O. BOX 1009	
CITY-ST-ZIP	PENNEY FARMS, FL 32079	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMYRES, ROBERT	
STREET ADDRESS	P.O. BOX 936	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, CHARLES	
STREET ADDRESS	4639 TREVI DR.	
CITY-ST-ZIP	ORANGE PARK, FL 32003	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUSTIC, GINGER	
STREET ADDRESS	P.O. BOX 445	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	

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:

CHARLES H. WEBB

1/19/01

904/278-3671

CR2E037 (10/00)