

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005059

1. Entity Name

KIWANIS CLUB OF YBOR CITY, TAMPA, FLORIDA, INC.

Principal Place of Business

4603 WISHART BLVD
TAMPA FL 33603
US

Mailing Address

4603 WISHART BLVD
TAMPA FL 33603-2828
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BISHOP, TERRI
9545 2ND ST N
ST PETERSBURG FL 33702

4. FEI Number

59-3206398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

TITLE D ☒ Delete
NAME SHEEHAN, JOHN M
STREET ADDRESS 14136 STONEGATE DR
CITY-ST-ZIP TAMPA FL

TITLE S ☒ Delete
NAME LAY, JON
STREET ADDRESS 501 RUNNING HORSE RD
CITY-ST-ZIP SEFFNER FL 33584

TITLE T ☐ Delete
NAME ALVAREZ, MARY C
STREET ADDRESS 4603 WISHART BLVD
CITY-ST-ZIP TAMPA FL 33603

TITLE D ☐ Delete
NAME CONTAT, ANDRIA
STREET ADDRESS 2028 E 7TH AVE
CITY-ST-ZIP TAMPA FL

TITLE D ☒ Delete
NAME ROBERTS, LYLE
STREET ADDRESS 4915 W BOOTH RD
CITY-ST-ZIP PLANT CITY FL

TITLE P ☒ Delete
NAME KENNEDY, JAMES R
STREET ADDRESS 7303 118TH TERR N
CITY-ST-ZIP LARGO FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Change ☒ Addition
NAME JOANNE McPIKE
STREET ADDRESS 3907 DELEON ST
CITY-ST-ZIP TAMPA FL 33609

TITLE P ☒ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE S ☐ Change ☒ Addition
NAME SYNDI WALL
STREET ADDRESS 2323 CARROLL GROVE DR
CITY-ST-ZIP TAMPA FL 33612

TITLE D ☒ 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:

MARY ALVAREZ 1/14/00 (813) 873-8571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED

Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90135 023 ****61.25

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DO NOT WRITE IN THIS SPACE