

2002 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
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

59-3206398

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

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

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 \$61.259. 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	VP	<input checked="" type="checkbox"/> Delete
NAME	PARKER, WILLIE	
STREET ADDRESS	2613 CRESTFIELD DR	
CITY-ST-ZIP	VALRICO FL 33594	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTER PASK	
STREET ADDRESS	13717 GULF BLVD	
CITY-ST-ZIP	MADISON BEACH FL 33708	

TITLE	P	<input type="checkbox"/> Delete
NAME	EVANS, JACK	
STREET ADDRESS	2806 SAN LUIS ST	
CITY-ST-ZIP	TAMPA FL 33629	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	ALVAREZ, MARY C	
STREET ADDRESS	4603 WISHART BLVD	
CITY-ST-ZIP	TAMPA FL 33603	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	CHOATE, VIRGIL	
STREET ADDRESS	10262 OASIS PALM DR	
CITY-ST-ZIP	TAMPA FL 33615	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	WALL, CYNDI	
STREET ADDRESS	2323 CARROLL GROVE DR	
CITY-ST-ZIP	TAMPA FL 33612	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	KENNEDY, JAMES R	
STREET ADDRESS	7303 118TH TERR N	
CITY-ST-ZIP	LARGO FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 C. Alvarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/21/02

Daytime Phone #

(813) 873-8571



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)