

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90859 048 \*\*\*\*61.25

DOCUMENT # N93000005067

1. Entity Name

**SOUTH LAKE KIWANIS FOUNDATION, INC.**

Principal Place of Business

Mailing Address

8839 VILLAGE GREEN BLVD.  
CLERMONT 34711

POST OFFICE BOX 120063  
CLERMONT FL 34712-0063

2. Principal Place of Business

**12647 VALENCIA BLVD**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CLERMONT**

City & State

4. FEI Number

**59-3301926**

Applied For

Not Applicable

Zip

**34711**

Country

**LAKE**

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEPPERS, BOB**  
**8839 VILLAGE GREEN BLVD.**  
**CLERMONT FL 34711**

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:**  
**FEES 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  Delete  
 NAME **PD BEAVER, ROBERT D.**  
 STREET ADDRESS **12647 VALENCIA DR**  
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VPD DUPEE, ANN**  
 STREET ADDRESS **389 DIVISION ST.**  
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S O'CONNOR, BOB**  
 STREET ADDRESS **11235 LAKE CIRCLE DRIVE**  
 CITY-ST-ZIP **CLERMONT FL**

TITLE  Change  Addition  
 NAME **S KRAUS, BRIAN**  
 STREET ADDRESS **986 CHANCEY COURT**  
 CITY-ST-ZIP **OLDFE, FL 34761**

TITLE  Delete  
 NAME **T. PEPPERS, BOB**  
 STREET ADDRESS **8839 VILLAGE GREEN BLVD.**  
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D KINAT, CYNTHIA**  
 STREET ADDRESS **1249 12TH STREET**  
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D SINCERE, DAVID**  
 STREET ADDRESS **1260 W LAKE SHORE DR**  
 CITY-ST-ZIP **CLERMONT FL 34711**

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]* **ROBERT D. BEAVER, PRES.** Date **4/29/00** Daytime Phone # **407 828 1584**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)