

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005067

1. Entity Name

SOUTH LAKE KIWANIS FOUNDATION, INC.

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

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

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

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

CLERMONT

City & State

Zip

34711

Country

LAKE

Zip

Country

4. FEI Number

59-3301926

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PEPPERS, BOB
8839 VILLAGE GREEN BLVD.
CLERMONT FL 34711

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE S
NAME KRAUS, BRIAN
STREET ADDRESS 986 CHANCEY COURT
CITY-ST-ZIP OLDFIELD, FL 34761 ☐ Change ☒ Addition

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

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

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

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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/29/00 Daytime Phone # 407 828 1584

CR2E037 (9/99)