

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005143

1. Entity Name

KIWANIS CLUB OF STUART, FLORIDA, INC.

FILED

May 30, 2000 8:00 am  
Secretary of State

05-30-2000 90061 003 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 532  
STUART FL 34995

P.O. BOX 532  
STUART FL 34995-0532

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  
59-6151478

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

HAVINS, THOMAS R  
6533 SE FED HWY  
APT 7  
STUART FL 34997

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete  
NAME COLLINS, DONALD R  
STREET ADDRESS 1881 PALM CITY RD, UNIT H-301  
CITY-ST-ZIP STUART FL 34994

TITLE D ☐ Change ☒ Addition  
NAME HAAS, JOHN  
STREET ADDRESS 1856 SW Oakwater Point  
CITY-ST-ZIP Palm City, FL 34990

TITLE TD ☒ Delete  
NAME DAUI, KENNETH  
STREET ADDRESS 4885 SE MANATEE TERR  
CITY-ST-ZIP STUART FL 34994

TITLE TD ☐ Change ☒ Addition  
NAME CHAVERS, BILLY  
STREET ADDRESS 3094 SW Solitaire Palm Dr  
CITY-ST-ZIP Palm City FL 34990

TITLE SD ☐ Delete  
NAME HAVINS, THOMAS R  
STREET ADDRESS 6533 SE FED HWY, APT 7  
CITY-ST-ZIP STUART FL 34997

TITLE PD ☐ Change ☒ Addition  
NAME AITTER, JOHN  
STREET ADDRESS PO Box 45  
CITY-ST-ZIP Stuart, FL 34995-0045

TITLE D ☒ Delete  
NAME ESSENWINDE, BARBARA  
STREET ADDRESS 2591 SW ESTELLA TERR  
CITY-ST-ZIP PALM CITY FL 34990

TITLE TD ☐ Change ☒ Addition  
NAME TAYLOR, JOYCE  
STREET ADDRESS 1109 SW Imperial Drive  
CITY-ST-ZIP Palm City, FL 34990

TITLE PD ☒ Delete  
NAME LAYCOCK, TODD  
STREET ADDRESS 33 SW FLAGLER AVE  
CITY-ST-ZIP STUART FL 34994

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00 (561) 283-2356

Daytime Phone #

CR2E037 (9/99)