

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000005143**

1. Entity Name

KIWANIS CLUB OF STUART, FLORIDA, INC.**FILED**
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90309 013 ****61.25

Principal Place of Business

P.O. BOX 532
STUART FL 34995

Mailing Address

P.O. BOX 532
STUART FL 34995

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~~**LYN MARINO**~~
~~**3001 SW DENYON ST**~~
~~**PT ST LUCIE FL 34953**~~Name **BILLY CHAVERS**

Street Address (P.O. Box Number is Not Acceptable)

33 FLAGLER AVE.City **STUART****FL**Zip Code **34994**

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

Billy Chavers

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/30/01

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 **HAAS, JOHN**
STREET ADDRESS **1856 SW OAKWATER POINT**
CITY-ST-ZIP **PALM CITY FL 34990**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **CHAVERS, BILLY**
STREET ADDRESS **3094 SW SOLITAIRE PALM DR**
CITY-ST-ZIP **PALM CITY FL 34990**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☒ Delete
NAME **HAVINS, THOMAS R**
STREET ADDRESS **6533 SE FED HWY, APT 7**
CITY-ST-ZIP **STUART FL 34997**TITLE **SILLS, ANDREW** ☐ Change ☒ Addition
NAME **2994 SE Bamboo St**
STREET ADDRESS **STUART FL 34997**
CITY-ST-ZIPTITLE **PD** ☒ Delete
NAME **AITER, JOHN**
STREET ADDRESS **PO BOX 45**
CITY-ST-ZIP **STUART FL 34995-0045**TITLE **SD** ☐ Change ☒ Addition
NAME **LYN MARINO**
STREET ADDRESS **3001 SW DENYON ST**
CITY-ST-ZIP **PT ST LUCIE FL 34953**TITLE **PD** ☐ Delete
NAME **TAYLOR, JOYCE**
STREET ADDRESS **1109 SW IMPERIAL DR**
CITY-ST-ZIP **PALM CITY FL 34990**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

Date

Daytime Phone #

CR2E037 (10/00)