

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90078 026 ****61.25

DOCUMENT # N93000005143

1. Entity Name

KIWANIS CLUB OF STUART, FLORIDA, INC.

Principal Place of Business

Mailing Address

**P.O. BOX 532
 STUART FL 34995**

**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

**CHIVERS, BILLY
 33 FLAGLER AVENUE
 STUART FL 34994**

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 ☒ Delete
 NAME **HAAS, JOHN**
 STREET ADDRESS **1856 SW OAKWATER POINT**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☒ Change ☐ Addition
 NAME **PD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **CHIVERS, BILLY**
 STREET ADDRESS **3094 SW SOLITAIRE PALM DR**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☒ Change ☐ Addition
 NAME **VPD CHIVERS, BILLY**
 STREET ADDRESS **33 FLAGLER AVE**
 CITY-ST-ZIP **STUART, FL 34994**

TITLE ☐ Delete
 NAME **SD MARINO, LYN**
 STREET ADDRESS **3001 SW DENTON ST**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

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

TITLE ☐ Delete
 NAME **D TAYLOR, JOYCE**
 STREET ADDRESS **1109 SW IMPERIAL DR**
 CITY-ST-ZIP **PALM CITY FL 34990**

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

TITLE ☒ Delete
 NAME **SD SILLS, ANDREW**
 STREET ADDRESS **2994 SE BAMBOO ST**
 CITY-ST-ZIP **STUART FL 34997**

TITLE ☒ Change ☐ Addition
 NAME **VPD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **TD NUTTALL, GREGORY**
 STREET ADDRESS **2100 SE OCEAN BLVD #578205**
 CITY-ST-ZIP **STUART, FL 34996**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-02 772-2874480

CR2E037 (9/01)