

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002069

1. Entity Name

THE KIWANIS CLUB OF NORTH LAKE COUNTY, INC.

Principal Place of Business

708 S. DIXIE AVE.
FRUITLAND PARK FL 34731

Mailing Address

P.O. BOX 401
FRUITLAND PARK FL 34731-0401

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

59-3290005

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

LOGEL, FRANK D
35411 CRESCENT DR.
FRUITLAND PARK FL 34731

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 FRANK LOGEL

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 BOWERSOX, RICHARD
STREET ADDRESS 3928 WOODPECKER DR
CITY-ST-ZIP FRUITLAND PARK FL

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

TITLE D ☒ Delete
NAME ETHEREDGE, KIM
STREET ADDRESS 804 S. HWY. 441/27
CITY-ST-ZIP FRUITLAND PARK FL

TITLE ☐ Change ☒ Addition
NAME D FRED O'BRIEN
STREET ADDRESS 3641 CRESCENT Drive
CITY-ST-ZIP FRUITLAND PARK, FL 34731

TITLE DST ☐ Delete
NAME LOGEL, FRANK J
STREET ADDRESS 35411 CRESCENT DR.
CITY-ST-ZIP FRUITLAND PARK FL 34731

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

TITLE D ☐ Delete
NAME ROHRN, KENNETH COHRN
STREET ADDRESS 15714 ACORN CIRCLE
CITY-ST-ZIP TAVARES FL

TITLE ☐ Change ☐ Addition
NAME COHRN, Kenneth
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 of Frank Logel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00

352-365-6822

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE