

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000281

1. Entity Name

KIWANIS CLUB OF CHIEFLAND, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90082 034 \*\*\*\*61.25

Principal Place of Business

Mailing Address

PO BOX 1310  
CHIEFLND FL 32626

PO BOX 1310  
CHIEFLAND FL 32644-1310

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

59-3292358

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

BEAUCHAMP, W O III  
19 NE 3RD STREET  
CHIEFLND FL 32626

Name

Emory Sullivan

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

2012 North Young Blvd.

City

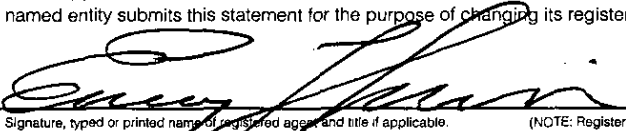
Chiefland, FL 34449

FL

Zip Code  
32626

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



Emory Sullivan

1/25/00

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 PD ☒ Delete  
NAME SANDERS, TAMMY  
STREET ADDRESS P.O. BOX 2147  
CITY-ST-ZIP CHIEFLND FL 32644

TITLE PD ☐ Change ☒ Addition  
NAME Sullivan, Emory  
STREET ADDRESS P.O. Box 1082  
CITY-ST-ZIP Inglis, FL 34449

TITLE VPD ☒ Delete  
NAME BEAUCHAMP, W O III  
STREET ADDRESS 111TH NW LANE  
CITY-ST-ZIP CHIEFLND FL

TITLE VPD ☐ Change ☒ Addition  
NAME Judd, Danielle  
STREET ADDRESS P.O. Box 705  
CITY-ST-ZIP Chiefland, FL 32644

TITLE SD ☒ Delete  
NAME RADAR, SANDA  
STREET ADDRESS P.O. BOX 1172  
CITY-ST-ZIP CHIEFLND FL 32644

TITLE SD ☐ Change ☒ Addition  
NAME Geiger, Bertha  
STREET ADDRESS P.O. Box 1827  
CITY-ST-ZIP Chiefland, FL 32644

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Emory Sullivan, PD

352-493-2571

Date

Daytime Phone #

CR2E037 (9/99)