

# UNIFORM BUSINESS REPORT

DOCUMENT # **N95000000281**

1. Entity Name

**KIWANIS CLUB OF CHIEFLAND, INC.**

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

02-03-2002 90023 034 \*\*\*\*61.25

Principal Place of Business <b>PO BOX 1310 CHIEFLAND FL 32626</b>	Mailing Address <b>PO BOX 1310 CHIEFLAND FL 32626</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-3292358</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GEIGER, BERTA**  
**25 SE 3RD ST**  
**CHIEFLAND FL 32626**

7. Name and Address of New Registered Agent

Name  
**Leaptrot, Jewett**

Street Address (P.O. Box Number is Not Acceptable)  
**1301 North Young Blvd.**

City  
**Chiefland, 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 *Jewett C. Leaptrot* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>GEIGER, BERTA</b>	STREET ADDRESS <b>PO BOX 1857</b>	CITY-ST-ZIP <b>CHIEFLAND FL 32644</b>	<input checked="" type="checkbox"/> Delete
TITLE <b>VPD</b>	NAME <b>WESTBURY, NANCY</b>	STREET ADDRESS <b>PO BOX 1640</b>	CITY-ST-ZIP <b>CHIEFLAND FL 32644</b>	<input type="checkbox"/> Delete
TITLE <b>SD</b>	NAME <b>MOYER, CYNTHIA K.</b>	STREET ADDRESS <b>PO BOX 481</b>	CITY-ST-ZIP <b>CHIEFLAND FL 32644</b>	<input checked="" type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE <b>PD</b>	NAME <b>LEAPTROT, JEWETT</b>	STREET ADDRESS <b>P.O. Box 1426</b>	CITY-ST-ZIP <b>Chiefland, FL 32644</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SD</b>	NAME <b>Judd, Danielle</b>	STREET ADDRESS <b>P.O. Box 705</b>	CITY-ST-ZIP <b>Chiefland, FL 32644</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jewett C. Leaptrot* DATE 1/17/2002 DAYTIME PHONE # (352) 493-0050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)