

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004498

1. Entity Name

KIWANIS CLUB OF BOYNTON BEACH, INC.

FILED

Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90052 046 ****61.25

Principal Place of Business

Mailing Address

PO BOX 156
BOYNTON BEACH FL 33425-0156

PO BOX 156
BOYNTON BEACH FL 33425-0156

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

59-6153446

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

EBLING, RANDALL L
209 W. BOYNTON BEACH BLVD.
BOYNTON BEACH FL 33435

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 NAME ☐ Delete
ST EBLING, RANDALL L
STREET ADDRESS 209 W BOYNTON BEACH BLVD
CITY-ST-ZIP BOYNTON BCH FL 33435-4022

TITLE NAME ☐ Change ☐ Addition
P Harvey Oyer
STREET ADDRESS P.O. Box 57
CITY-ST-ZIP Boynton Beach FL 33425-0057

TITLE NAME ☒ Delete
D FORBES, KEN
STREET ADDRESS 135 SE 26TH AVE
CITY-ST-ZIP BOYNTON BCH FL

TITLE NAME ☐ Change ☐ Addition
D Hugel, Robert
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
P HUGEL, ROBERT
STREET ADDRESS 6251 6015 VILLAS DR.
CITY-ST-ZIP BOYNTON BEACH FL 33437-4119

TITLE NAME ☒ Change ☐ Addition
D Hugel, Robert
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
D HANSEN, WAYNE
STREET ADDRESS 568 E WOOLBRIGHT RD., #247
CITY-ST-ZIP BOYNTON BEACH FL

TITLE NAME ☐ Change ☐ Addition
D Hugel, Robert
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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

2-7-02 561 722 1540

Date

Daytime Phone #

CR2E037 (9/01)