

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90163 012 ****61.25

DOCUMENT # N95000004498

1. Entity Name

KIWANIS CLUB OF BOYNTON BEACH, INC.



Principal Place of Business

**PO BOX 156
BOYNTON BEACH FL 33425-0156**

Mailing Address

**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



☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ST	<input type="checkbox"/> Delete
NAME	EBLING, RANDALL L	
STREET ADDRESS	209 W BOYNTON BEACH BLVD	
CITY-ST-ZIP	BOYNTON BCH FL 33435-4022	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	OYER, HARVEY	
STREET ADDRESS	P.O. BOX	
CITY-ST-ZIP	BOYNTON BEACH FL 33425-0057	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUGEL, ROBERT	
STREET ADDRESS	6251 6015 VILLAS DR.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437-4119	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANSEN, WAYNE	
STREET ADDRESS	568 E WOOLBRIGHT RD., #247	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry A. Costa	
STREET ADDRESS	6500 Lechakett Blvd	
CITY-ST-ZIP	Boynton Beach FL 33437	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cindy E. Cahill	
STREET ADDRESS	4601 Roxbury Ct Boynton Beach FL	
CITY-ST-ZIP	33436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Randall L. Ebling 2/11/03 561 732 1540

CR2E037 (10/02)