

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 03, 2001 8:00 am  
Secretary of State

02-03-2001 90025 007 \*\*\*\*61.25

**DOCUMENT # N96000005257**

1. Entity Name

**KIWANIS CLUB OF WESTSIDE, WEST PALM BEACH SCHOLA**

Principal Place of Business

1301 BELVEDERE RD  
WEST PALM BEACH FL 33480

Mailing Address

P O BOX 16995  
WEST PALM BEACH FL 33416

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

65-0850844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

HAUSMAN, LORI J  
724 KITTYHAWK WAY  
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name **RANDY K. JOHNSON, SR.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1900 W. 23rd STREET**  
City **RIVIERA BEACH FL** Zip Code **33404**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>OLLIS, BRUCE</b> <b>958 HICKORY TRAIL</b> <b>WELLINGTON FL 33414</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>JOHNSON, GINGER</b> <b>4886 CLASSIC LANE</b> <b>WEST PALM BEACH FL 33417</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CARLINO, STEVE</b> <b>899 SUNFLOWER AVE</b> <b>DELRAY BEACH FL 33445</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KORF, DOLORES</b> <b>3701 B SAVORY LANE</b> <b>WEST PALM BEACH FL 33417</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALFANO, LOU</b> <b>161 S HAMPTON DR</b> <b>JUPITER FL 33458</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRANDENBURG, CLEM SR</b> <b>1890 CARISSA RD</b> <b>WEST PALM BEACH FL 33406</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>RANDY K. JOHNSON, SR.</b> <b>1900 W. 23rd STREET</b> <b>RIVIERA BEACH, FL 33404</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>JAMIE AUXIER</b> <b>6306 HOLLYWOOD STREET</b> <b>WEST PALM BEACH, FL 33408</b>	<input checked="" type="checkbox"/> Change <input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01 (561) 848-9323

Date

Daytime Phone #

CR2E037 (10/00)