

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90043 047 *****61.25

DOCUMENT # N97000002873

1. Entity Name

KIWANIS CLUB OF NINE MILE RD, INC.

Principal Place of Business

550 E. NINE MILE RD.
PENSACOLA FL 32514
US

Mailing Address

P.O. BOX 515
GONZALEZ FL 32560
US

2. Principal Place of Business

9400 UNIVERSITY PKWY

3. Mailing Address

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

Zip

32514

Country

USA

Zip

Country

4. FEI Number

59-3453766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOLER, MARK
1841 KINGS WAY DR
PENSACOLA FL 32533

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.

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	D	NAME	COOK, GEORGE JR	STREET ADDRESS	1040 E NINE MILE RD	CITY-ST-ZIP	PENSACOLA FL 32514	<input type="checkbox"/> Delete
TITLE	P	NAME	YOUNG, ED	STREET ADDRESS	10100 HILLVIEW DR	CITY-ST-ZIP	PENSACOLA FL 32514	<input checked="" type="checkbox"/> Delete
TITLE	PE	NAME	HUMPREY, SHIRLEY	STREET ADDRESS	9606 SUNNE HANNA BLVD	CITY-ST-ZIP	PENSACOLA FL 32514	<input type="checkbox"/> Delete
TITLE	TD	NAME	TOLER, MARK	STREET ADDRESS	1841 RINGS WAY DR.	CITY-ST-ZIP	CANTONMENT FL 32533	<input type="checkbox"/> Delete
TITLE	PD	NAME	SEELMAN, BILL	STREET ADDRESS	116 REDBREAST LANE	CITY-ST-ZIP	PENSACOLA FL 32503	<input type="checkbox"/> Delete
TITLE	D	NAME	IVEY, BILL	STREET ADDRESS	2 E NINE MILE RD	CITY-ST-ZIP	PENSACOLA FL 32514	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	NAME	HUMPHREY, SHIRLEY	STREET ADDRESS	9606 SUNNE HANNA BLVD	CITY-ST-ZIP	PENSACOLA FL 32514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S/T	NAME	TOLER, MARK	STREET ADDRESS	1841 KINGS WAY DR	CITY-ST-ZIP	CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	NAME	SEELMAN, BILL	STREET ADDRESS	116 REDBREAST LN	CITY-ST-ZIP	PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP	NAME	IVEY, BILL	STREET ADDRESS	1741 E. NINE MILE RD	CITY-ST-ZIP	PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	NAME	BISHOP, HARRY	STREET ADDRESS	40 RIDGEVIEW CT	CITY-ST-ZIP	PENSACOLA, FL 32514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	NAME	JEFFERIES, ANN	STREET ADDRESS	710 SCENIC HWY #104	CITY-ST-ZIP	PENSACOLA, FL 32503	<input type="checkbox"/> Change <input checked="" 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: Mark Toler MARK TOLER, SEC.

2/11/02

850/478-2421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)