

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90229 016 *****61.25

0083198

DOCUMENT # N99000002963

1. Entity Name

KIWANIS CLUB OF FORT PIERCE, INC.

Principal Place of Business

P.O. BOX 957
 FT. PIERCE FL 34954

Mailing Address

P.O. BOX 957
 FT. PIERCE FL 34954

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

59-6151475

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

GESSNER, DAVE
697 NE HORIZON LN
PORT ST. LUCIE FL 34983

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 STREET ADDRESS CITY-ST-ZIP	D CALVERT, DAVE 1007 GRANDVIEW BLVD. FT. PIERCE FL 34982	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIFORD, MITCHELL 5413 DEER RUN DRIVE FT. PIERCE FL 34951	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERONA, TOM P.O. BOX 12189 FT. PIERCE FL 34979	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIPALMA, STEVE 565 S.W. CARTER AVE. FT. PIERCE FL 34949	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COOK, JEFF 3808 PROMENADE WAY FORT PIERCE FL 34982	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAUGHTON, DAVID F 1552 S.E. BERKSHIRE BLVD. PORT ST. LUCIE FL 34952	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tobak Robin 4590 Selvitz Road Fort Pierce, FL 34981	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'Neal Robert P.O. Box 370 Fort Pierce, FL 34954	<input type="checkbox"/> Change <input checked="" 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	P Cook, Jeff 3808 Promenade Way Fort Pierce, FL 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Smith, Mazella D. P.O. Box 1480 Fort Pierce, FL 34954	<input 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: *Mitchell L. Williford* **MITCHELL L. WILLIFORD, PRESIDENT 4/23/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone#

CR2E037 (10/00)

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FILE NOW
FEB 15 1999

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Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	NAME	CALVERT, DAVE	<input type="checkbox"/> Delete
STREET ADDRESS	1007 GRANDVIEW BLVD.			
CITY-ST-ZIP	FT. PIERCE FL 34982			
TITLE	D	NAME	WILLIFORD, MITCHELL	<input type="checkbox"/> Delete
STREET ADDRESS	5413 DEER RUN DRIVE			
CITY-ST-ZIP	FT. PIERCE FL 34951			
TITLE	D	NAME	PERONA, TOM	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 12189			
CITY-ST-ZIP	FT. PIERCE FL 34979			
TITLE	P	NAME	DIPALMA, STEVE	<input type="checkbox"/> Delete
STREET ADDRESS	565 S.W. CARTER AVE.			
CITY-ST-ZIP	FT. PIERCE FL 34949			
TITLE	VP	NAME	COOK, JEFF	<input type="checkbox"/> Delete
STREET ADDRESS	3808 PROMENADE WAY			
CITY-ST-ZIP	FORT PIERCE FL 34982			
TITLE	VP	NAME	HAUGHTON, DAVID F	<input type="checkbox"/> Delete
STREET ADDRESS	1552 S.E. BERKSHIRE BLVD.			
CITY-ST-ZIP	PORT ST. LUCIE FL 34952			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	NAME	Blueppelberg, E.H. Jr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7691 Wexford Way			
CITY-ST-ZIP	Port St Lucie, FL 34986			
TITLE	T	NAME	WILLIFORD Mitchell	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5413 Deer Run Drive			
CITY-ST-ZIP	Fort Pierce FL 34951			
TITLE	D	NAME	Rivett, Allan E	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2517 S. 17th St Apt 201			
CITY-ST-ZIP	Fort Pierce, FL 34982			
TITLE	D	NAME	Knight Bill	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2301 Sunrise Blvd			
CITY-ST-ZIP	Fort Pierce, FL 34982			
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				

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SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
PAGE TWO
828629

DO NOT WRITE IN THIS SPACE