

2002 UNIFORM BUSINESS REPORT (UBR)

4/5

FILED
May 21, 2002 8:00 am
Secretary of State

04-09-2002 90051 047 ****61.25

DOCUMENT # N99000002963

1. Entity Name

KIWANIS CLUB OF FORT PIERCE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 957
 FT. PIERCE FL 34954

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

Name

WILLIFORD, Mitchell

Street Address (P.O. Box Number is Not Acceptable)

5413 Deer Run Drive

Fort Pierce, FL

34951

City

FL

Zip Code

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

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 **MITCHELL L WILLIFORD**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Mitchell L Williford 4/23/02

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 **D** ☒ Delete
 NAME **TOBAK, ROBIN**
 STREET ADDRESS **4590 SELVIT ROAD**
 CITY-ST-ZIP **FORT PIERCE FL 34981**

TITLE **D** ☐ Change ☒ Addition
 NAME **DIPALMA, Steve**
 STREET ADDRESS **565 SW Carter Ave**
 CITY-ST-ZIP **Port St Lucie FL 34983**

TITLE **D** ☒ Delete
 NAME **O'NEAL, ROBERT**
 STREET ADDRESS **P.O. BOX 370**
 CITY-ST-ZIP **FORT PIERCE FL 34954**

TITLE **D** ☐ Change ☒ Addition
 NAME **Abramowicz, Bill**
 STREET ADDRESS **206 S 6th St**
 CITY-ST-ZIP **Fort Pierce, FL 34982**

TITLE **D** ☐ Delete
 NAME **PERONA, TOM**
 STREET ADDRESS **P.O. BOX 12169**
 CITY-ST-ZIP **FT. PIERCE FL 34979**

TITLE **D** ☐ Change ☐ Addition
 NAME **Smith, Mazella**
 STREET ADDRESS **P.O. Box 1480**
 CITY-ST-ZIP **Fort Pierce, FL 34954**

TITLE **P** ☒ Delete
 NAME **COOK, JEFF**
 STREET ADDRESS **3808 PROMENADE WAY**
 CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE **P** ☐ Change ☒ Addition
 NAME **Clark, Shannon**
 STREET ADDRESS **2305 Oleander Ave #1**
 CITY-ST-ZIP **Fort Pierce, FL 34982**

TITLE **VP** ☒ Delete
 NAME **SMITH, MAZELLA D**
 STREET ADDRESS **P.O. BOX 1480**
 CITY-ST-ZIP **FORT PIERCE FL 34954**

TITLE **VP** ☐ Change ☒ Addition
 NAME **HAUGHTON, DAVID F**
 STREET ADDRESS **1552 S.E. BERKSHIRE BLVD.**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **VP** ☐ Delete
 NAME **HAUGHTON, DAVID F**
 STREET ADDRESS **1552 S.E. BERKSHIRE BLVD.**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

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* **TREASURER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-02 561464-7609

Date

Daytime Phone #

CR2E037 (9/01)