

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 19, 2000 8:00 am
Secretary of State

04-11-2000 90004 035 ****61.25

DOCUMENT # N99000003740

1. Entity Name

KIWANIS CLUB OF DOWNTOWN DAYTONA BEACH, INC.

Principal Place of Business

150 MAGNOLIA AVE.
DAYTONA BEACH FL 32114

Mailing Address

150 MAGNOLIA AVE.
DAYTONA BEACH FL 32114-4304

2. Principal Place of Business

140 MAIN ST

Suite, Apt. #, etc.

3. Mailing Address

140 MAIN ST

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

Zip
32118

Country
USA

City & State

DAYTONA BEACH, FL

Zip
32118

Country
USA

4. FEI Number

593437024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE.
DAYTONA BEACH FL 32114

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 NAME STREET ADDRESS CITY-ST-ZIP	D GRANT, GREG 571 LEEWAY TRAIL ORMOND BEACH FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRTHRONG, WENDY 85 FREEMONT AVE., #204 DAYTONA BEACH FL 32114	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPINS, ANDREA 24 TWIN RIVER DRIVE ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, MICHELLE 2947 S. ATLANTIC AVE., #901 DAYTONA BEACH SHORES FL 32118	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERGUSON, JOHN 17 SYCAMORE CIR. ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTIN, DOUG 2947 S. ATLANTIC AVE., #901 DAYTONA BEACH SHORES FL 32118	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN TAMBURINO PRES 128 KILLDEER LT DAYTONA BEACH, FL 32119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TERRI MALIA-DIRECTOR 1251 SUNSET CR DAYTONA BEACH, FL 32117	<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	JOHN MYERS -TREASURER 63 N. ST ANDREWS ORMOND BEACH, FL 32174	<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:

JOHN TAMBURINO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-31-00 904-761-0390

CR2E037 (9/99)