

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State
 03-23-2000 90037 026 ****61.25

DOCUMENT # 704841

1. Entity Name

DELEON SPRINGS LIONS CLUB, INC.

Principal Place of Business

**4949 BILLINGS AVE
 P.O. BOX 501
 DE LEON SPRINGS FL 32130**

Mailing Address

**4949 BILLINGS AVE
 P.O. BOX 501
 DE LEON SPRINGS FL 32130-0501**

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

59-2145717

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

**ECKERT, EDMUND F
 1826 TWIN OAK DR
 DELAND FL 32720**

Name

MARILYN A. BREEZE

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

5035 DELEON OAKS CT.

City

DELEON SPRINGS

FL

Zip Code

32130

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

Marilyn A. Breeze, Treasurer

3-21-00

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 **PD** ☐ Delete
 NAME **FRANKLIN, BRUCE W**
 STREET ADDRESS **280 W RETTA ST**
 CITY-ST-ZIP **DELEON SPRINGS FL 32130**

TITLE **WOOD, BRUCE F** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☒ Delete
 NAME **SCHULER, RICHARD**
 STREET ADDRESS **808 PARK AVE**
 CITY-ST-ZIP **DELEON SPRINGS FL 32130**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **BENSON, GUDRUN**
 STREET ADDRESS **200 W. STATE RD 40**
 CITY-ST-ZIP **BARBERVILLE, FL 32105**

TITLE **TD** ☐ Delete
 NAME **BREEZE, MARILYN**
 STREET ADDRESS **5035 DELEON OAKS CT**
 CITY-ST-ZIP **DELEON SPRINGS FL 32130**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☒ Delete
 NAME **GUDRUN, BENSON**
 STREET ADDRESS **200 W. STATE RD 40**
 CITY-ST-ZIP **BARBERVILLE FL 32105**

TITLE **WOOD, BARBARA** ☐ Change ☒ Addition
 NAME **SECRETARY**
 STREET ADDRESS **280 W. RETTA ST.**
 CITY-ST-ZIP **DELEON SPRINGS, FL 32130**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Marilyn A. Breeze

3-21-00

(904) 49-2959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)