

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90416 036 ****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**

00029715



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2145717

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BREEZE, MARILYN
5035 DELEON OAKS CT
DE LEON SPRINGS FL 32130**

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

Marilyn A Breeze

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

(NOTE: Registered Agent signature required when reinstating)

3-26-01

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

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

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

TITLE VD
NAME GILBERT, WILLIAM
STREET ADDRESS 2885 MARSHVIEW CT
CITY-ST-ZIP DELEON SPRINGS, FL 32130 ☒ Change ☐ Addition

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

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

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

TITLE SD
NAME BREEZE, MARILYN
STREET ADDRESS 5035 DELEON OAKS CT
CITY-ST-ZIP DELEON SPRINGS, FL 32130 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Marilyn A Breeze*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-01 (386) 749-2959

Date Daytime Phone #

CR2E037 (10/00)