

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90038 022 \*\*\*\*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
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number <b>59-2145717</b>	Applied For <input type="checkbox"/> Not Applicable
--------------	--------------	------------------------------------	--

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
-----	---------	-----	---------	---

6. Name and Address of Current Registered Agent <b>BREEZE, MARILYN</b> 5035 DELEON OAKS CT DE LEON SPRINGS FL 32130	7. Name and Address of New Registered Agent Name <b>Gary D. Chosia</b> Street Address (P.O. Box Number Is Not Acceptable) <b>19 Valley Drive</b> City <b>D Deleon Springs, FL</b> Zip Code <b>32130</b>
--	--

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 *Gary D. Chosia President* DATE 11/31/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
---------------------------------	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BENSON, GUDRUN</b> <b>200 W. STATE RD 40</b> <b>BARBERVILLE FL 32105</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>GILBERT, WILLIAM</b> <b>2885 MARSHVIEW CT</b> <b>DELEON SPRINGS FL 32130</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BREEZE, MARILYN</b> <b>5035 DELEON OAKS CT</b> <b>DELEON SPRINGS FL 32130</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BREEZE, MARILYN</b> <b>5035 DELEON OAKS CT</b> <b>DE LEON SPRINGS FL 32130</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.D</b> <b>Gary Chosia</b> <b>19 Valley Dr.</b> <b>Deleon Springs, fl. 32130</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>Ron Wielt</b> <b>15 Park Ave.</b> <b>Deleon Springs, fl. 32130</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Richard W. Schuler</b> <b>808 Park Ave</b> <b>Deleon Springs, fl. 32130</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Geraldine Chosia</b> <b>19 Valley Dr</b> <b>Deleon Springs, fl. 32130</b> <input checked="" type="checkbox"/> Change <input 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	<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: *Richard W. Schuler* DATE: 11/31/02 386-985-4543  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)