

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90108 048 ****61.25

DOCUMENT # 707315

1. Entity Name

LIONS CLUB OF LAKELAND, FLORIDA, INC.

Principal Place of Business

Mailing Address

4723 HIGHLANDS PLACE
 P.O. BOX 1807
 LAKELAND FL 33807
 US

P O BOX 1807
 P.O. BOX 1807
 LAKELAND FL 33802-1807
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4723 HIGHLANDS PLACE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LAKELAND FLORIDA

City & State

City & State

33813 USA

USA

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

PATEL, C N
 4723 HIGHLANDS PLACE DR
 LAKELAND FL 33813

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WORTHMAN, JOSEPH B	
STREET ADDRESS	5063 WINDOVER LN.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	S	<input type="checkbox"/> Delete
NAME	LIVINGSTON, ROBERT	
STREET ADDRESS	917 WOODMONT LN.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, C N	
STREET ADDRESS	4723 HIGHLANDS PLACE DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, F. L	
STREET ADDRESS	1636 SKINNER ST.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	REED, TOM	
STREET ADDRESS	4444 US 98 N LOT #296	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM MITCHELL	
STREET ADDRESS	1825 CLUBHOUSE ROAD	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T. FRANK RAINY	
STREET ADDRESS	4344 WINDING OAKS CIRCLE,	
CITY-ST-ZIP	MULBERRY. FL 33860	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED N. PATEL 4/15/00 863 647 3368
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 19/99