## **2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 707315** 1. Entity Name LIONS CLUB OF LAKELAND, FLORIDA, INC. Mailing Address Principal Place of Business P O BOX 1807 4723 IGHLANDS PLACE DR P.O. BOX 1807 LAKELAND FL 33813 LAKELAND FL 33802 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Country

4728 HIGHLANDS PLACE DR 120 ACK LEA

**FILE NOW:** 

FEE IS \$61.25

MITCHELL, WILLIAM

LAKELAND FL 33813

LIVINGSTON, ROBERT

917 WOODMONT LN.

LAKELAND FL 33813

PATEL, C N

S

1825 CLUBHOUSE ROAD

6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS

## Apr 10, 2001 8:00 am Secretary of State

04-10-2001 90061 019 \*\*\*\*61.25



TREET ADDRESS	4723 HIGHLANDS PLACE DR		STREET ADDRESS		
ITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP		
ITLE	D	Delete	TITLE	. □ Chang	e 🔲 Addition
AME	KING, F. L		NAME		
TREET ADDRESS	1636 SKINNER ST.		STREET ADDRESS	•	)
ITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP		
TLE	D	☑ Delete	TITLE	Chang	e 🔲 Addition
AME	REED, TOM		NAME		
TREET ADDRESS	4444 US 98 N LOT #296		STREET ADDRESS		
ITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP	·	
TLE	T .	☐ Delete	TITLE	☐ Chang	e 🔲 Addition
AME	RAINEY, FRANK		NAME		
TREET ADDRESS	4344 WINDING OAKS CIRCLE		STREET ADDRESS		
ITY-ST-ZIP	MULBERRY FL 33860		CITY-ST-ZIP		
2. 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					

Country

9. Election Campaign Financing

11.

TITLE

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

Trust Fund Contribution.

Delete

☐ Delete

☐ Delete

Zip

10.

TITLE

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

City-St-7iP+ -

CITY-ST-ZIP

PATEL, GAP

LAKELAND FL 338 to

863 6445475