

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90266 050 \*\*\*\*61.25

0062628

**DOCUMENT # 711621**

1. Entity Name

**ST. PETERSBURG LIONS FOUNDATION, INC.**

Principal Place of Business

330 - 5TH STREET N  
 PO BOX 11734  
 ST. PETERSBURG FL 33733

Mailing Address

P. O. BOX 11734  
 PO BOX 11734  
 ST. PETERSBURG FL 33733  
 US

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

**59-1224119**

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

**HEISTAND, PAUL K.**  
**221 - 2ND AVENUE NORTH**  
**ST. PETERSBURG FL 33701**

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 NAME	<b>D SAUERS, ROBERT H.</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>441-47TH STREET, NORTH</b>	
CITY-ST-ZIP	<b>ST PETERSBURG LF</b>	
TITLE NAME	<b>D MASTERSON, MICHAEL</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>725 - 61ST ST N</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33710</b>	
TITLE NAME	<b>TD BONITATI, CHARLES</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>521 MORENO CIRCLE N.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE NAME	<b>DS HEISTAND, PAUL</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>221-2ND AVE NORTH</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE NAME	<b>D SIMON, JOHN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>7321 CENTRAL AVENUE</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE NAME	<b>PD VANMIDDLESWORTH, CHARLES E</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>678 FOURTH ST NORTH</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33701</b>	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>PD KEITH LENNICK</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>138 - 45th Ave. N.</b>	
CITY-ST-ZIP	<b>St. Petersburg, FL 33703</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Paul K. Heistand* **Paul K. Heistand, Sec.** **4-18-01** **727-822-4745**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)