

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90032 020 ****61.25

DOCUMENT # 725978

1. Entity Name

LIONS CLUB OF SPRING HILL, FLORIDA, INC.

Principal Place of Business

247 HALLCREST AVE
 SPRING HILL FL 34608-6933
 US

Mailing Address

PO BOX 3063
 SPRING HILL FL 34606-0961
 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

59-6214539

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KELLY, MARTHA
9286 BENROCK RD
SPRING HILL FL 34608

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BURMESTER, GEORGE	
STREET ADDRESS	1468 NEW HOPE RD	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZBECK, ROLAND	<i>No longer member</i>
STREET ADDRESS	9012 ELDRIDGE RD	
CITY-ST-ZIP	SPRING HILL, FL 00000 34608	
TITLE	S	<input type="checkbox"/> Delete
NAME	KELLY, MARTHA	
STREET ADDRESS	9286 BENROCK RD	
CITY-ST-ZIP	SPRING HILL, FL 00000 34608	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCGUINNESS, ROBERT	<i>Deceased</i>
STREET ADDRESS	1295 PILGRIM RD	
CITY-ST-ZIP	SPRING HILL, FL 00000 34606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Hamlin	
STREET ADDRESS	1253 Markham Avenue	
CITY-ST-ZIP	Spring Hill, FL 34606	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doris Leib	
STREET ADDRESS	8209 Omaha Circle	
CITY-ST-ZIP	Spring Hill, FL 34607	
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:

George Burmester
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-352-4-25-01 686-8686
 Date Daytime Phone #

CR2E037 (10/00)