

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90025 020 ****70.00

DOCUMENT # 727856

1. Entity Name

FLORIDA LIONS CONKLIN CENTER FOR THE MULTIHANDIC

Principal Place of Business

Mailing Address

405 WHITE STREET
 DAYTONA BEACH FL 32114-2925

405 WHITE STREET
 DAYTONA BEACH FL 32114-2925

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

23-7377066

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

7. Name and Address of New Registered Agent

MC COY, EDWARD F
405 WHITE STREET
DAYTONA BEACH FL 32114

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, ROBERT E	NAME	
STREET ADDRESS	WEIBERG ROAD	STREET ADDRESS	
CITY-ST-ZIP	DUNDEE FL 33838	CITY-ST-ZIP	
TITLE	1VD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, LINDA	NAME	
STREET ADDRESS	5400 N.W. 199TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAM FL 33055	CITY-ST-ZIP	
TITLE	2VD <input type="checkbox"/> Delete	TITLE	1VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, HERBERT L	NAME	
STREET ADDRESS	65 SOUTH DESOTO STREET	STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS FL 34464	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	2VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOTT, WAYNE R	NAME	
STREET ADDRESS	961 SWAN AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPGS FL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	SP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VILAOMAT, J. FELIPE	NAME	SPENCER, NEIL R.
STREET ADDRESS	10121 S.W. 118 TERRACE	STREET ADDRESS	702 JAVA ROAD
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP	COCOA BEACH, FL 32932
TITLE	<input type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	SPENCER, NEIL R.
STREET ADDRESS		STREET ADDRESS	702 JAVA ROAD
CITY-ST-ZIP		CITY-ST-ZIP	COCOA BEACH, FL 32932

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 of Neil R. Spencer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2.4.00

Daytime Phone #

(904) 258-3441

CR2E037 (9/99)