

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90218 023 ****61.25

UBR2531

DOCUMENT # N08966

1. Entity Name

LION'S ROAR INTERNATIONAL, INC.

Principal Place of Business

**608 OAKLAND AVE
 OAKLAND FL 34760
 US**

Mailing Address

**P.O. BOX 751
 OAKLAND FL 34760
 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

59-2525611

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRALAND, DAVID D
 608 W. OAKLAND AVE.
 OAKLAND FL 34760**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

221 S. Boyd St.

City

Winter Garden,

FL

Zip Code

34787

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BRALAND, DAVID D. 1015 GLENSPRINGS DRIVE WINTER GARDEN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRALAND, JUDY 1015 GLENSPRINGS AVE. WINTER GARDEN FL 34787	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALDERMAN, STEVE 7211 SEAMANS BLUFF ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKLAND, ALLEN 7353 RADIANT CIR ORLANDO FL 32810	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O WATSON, JAMES 1217 BLUE SPRING CT. OCOOEE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	221 S. Boyd St. Winter Garden, FL 34787	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr. Jan Garber Director 608 W. Oakland Ave Oakland, FL 34760	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____

Steve Alderman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2001

Date

407-905-0444

Daytime Phone #

CR2E037 (10/00)