

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90155 030 \*\*\*\*61.25

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

Same as above

Suite, Apt. #, etc.

1130-B E. Plant St.

Suite, Apt. #, etc.

City & State

Winter Garden, FL

City & State

Zip

34181

Country

Orange

Zip

Country

4. FEI Number 59-2525611

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BRALAND, DAVID D  
221 S BOYD STREET 1043 mesa Verde Court  
WINTER GARDEN FL 34787 Clermont, FL 34711

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRALAND, DAVID D.	
STREET ADDRESS	221 S BOYD STREET 1043 mesa Verde Court	
CITY-ST-ZIP	WINTER GARDEN FL 34787 Clermont, FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARBER, JAN	
STREET ADDRESS	14329 PINE CONE TR	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALDERMAN, STEVE	
STREET ADDRESS	14317 PINE CONE TRAIL	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIRKLAND, ALLEN	
STREET ADDRESS	7353 RADIANT CIR	
CITY-ST-ZIP	ORLANDO FL 32810	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Braland, Judy	
STREET ADDRESS	1043 mesa Verde Court	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Buker, Diane	
STREET ADDRESS	7790 S/w 127th St	
CITY-ST-ZIP	Miami, FL 33156-6042	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nebby Gomez	
STREET ADDRESS	2032 Aruba Court	
CITY-ST-ZIP	Kissimmee, FL 34741-3080	
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		
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:

*David D. Braland*

2-4-03 407-832-2061

CR2E037 (10/02)