

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90036 001 ****61.25

DOCUMENT # N09394

1. Entity Name

WINTER HAVEN LIONS EYESIGHT CONSERVATION FOUNDAT

Principal Place of Business

Mailing Address

**820 AVENUE L. S.W.
WINTER HAVEN FL 33880
US**

**PO BOX 9015
WINTER HAVEN FL 33883-9015**

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

59-2596897

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

**PECK, CHARLES S
100 NORTH LAKE ELOISE
WINTER HAVEN FL 33884**

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 ☐ Delete
NAME **TD**
STREET ADDRESS **ROLF, LELAND S., JR.**
CITY-ST-ZIP **1034 BILTMORE DRIVE
WINTER HAVEN FL 33881**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **PECK, CHARLES**
CITY-ST-ZIP **100 N. LAKE ELOISE
WINTER HAVEN FL 32884**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **GUENTHER, ROBERT C**
CITY-ST-ZIP **4418 MAHOGANY RUN SE
WINTER HAVEN FL 33884**

TITLE ☐ Change ☐ Addition
NAME **D**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BISHOP, CHARLES**
CITY-ST-ZIP **1502 BUCKEYE RD. N.E. #2
WINTER HAVEN FL 33881**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **BARLOW, KEVIN**
CITY-ST-ZIP **4650 SHERWOOD LN
LAKELAND FL 33813**

TITLE ☐ Change ☐ Addition
NAME **PD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TAYLOR, WILLIAM**
CITY-ST-ZIP **1338 W. MILLSITE DR
WINTER HAVEN FL 33880**

TITLE ☐ Change ☐ Addition
NAME **VD**
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:

LELAND S. ROLF, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-00 863-965-2217