

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20273

1. Entity Name

FORT LAUDERDALE LIONS CLUB, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90058 042 ****61.25

Principal Place of Business	Mailing Address
C/O STEPHEN B ROSENTHAL 8142 NO UNIVERSITY DR TAMARAC FL 33321 US	8142 N. UNIVERSITY DR. TAMARAC FL 33321-1708 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-6170009	☐ Not Applicable

5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ROSENTHAL STEPHEN B ESQ
8142 N UNIVERSITY DR
TAMARAC FL 33321

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
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FILE NOW:
FEES ARE \$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 NAME STREET ADDRESS CITY-ST-ZIP	T BRAUSS, JIM 1528 NW 4 AVE FT LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, JOE 4820 SW 17 ST FT LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VEDSTED, LINDA 5800 N.W. 15 ST SUNRISE FL 33313	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brauss Cookie 3628 SW 23rd ct FT Lauderdale FL 33312	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAUSS, ROBERT 3628 NW 23RD ST FT. LAUDERDALE FL 33312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAM, L 421 SW 14 CT, REAR FT LAUD FL 33315	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWLAND, DIANE 8132 CORAL CIR FT. LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: James R. Brauss Treasurer 4/5/2000 9547646906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)