

# 2001 UNIFORM BUSINESS REPORT (UBR)

07-05-2001 90004 015 \*\*\*\*\*61.25  
N20273

DOCUMENT #

1. Entity Name

Fort Lauderdale Lions Club, Inc.

Principal Place of Business

C/O Stephen B Rosenthal  
8142 No. University Dr  
Tamarac, FL 33321

Mailing Address

8142 N. University  
Tamarac, FL  
33321-1708  
U.S.

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

59-6170009

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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 fee 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          | T                                      | <input type="checkbox"/> Delete |
| NAME           | Brauss, Jim                            |                                 |
| STREET ADDRESS | 1528 NE 4th Ave.                       |                                 |
| CITY-STATE-ZIP | Ft Lauderdale FL 33304                 |                                 |
| TITLE          | <del>Robert</del> P                    | <input type="checkbox"/> Delete |
| NAME           | Brauss, Robert                         |                                 |
| STREET ADDRESS | 3628 S.W. 23rd St                      |                                 |
| CITY-STATE-ZIP | Ft Lauderdale, FL 33312                |                                 |
| TITLE          | V                                      | <input type="checkbox"/> Delete |
| NAME           | Davis, Joe                             |                                 |
| STREET ADDRESS | 4820 SW 17th St                        |                                 |
| CITY-STATE-ZIP | Ft Lauderdale, FL                      |                                 |
| TITLE          | S                                      | <input type="checkbox"/> Delete |
| NAME           | Broge, Bill                            |                                 |
| STREET ADDRESS | 3133 SW 13th St apt 2                  |                                 |
| CITY-STATE-ZIP | FT. Lauderdale, FL 33312-2712          |                                 |
| TITLE          | <del>V 2</del>                         | <input type="checkbox"/> Delete |
| NAME           | <del>SKINNER, Selwyn</del>             |                                 |
| STREET ADDRESS | <del>3133 S.W. 13th St apt 2</del>     |                                 |
| CITY-STATE-ZIP | <del>Ft Lauderdale FL 33312-2712</del> |                                 |
| TITLE          | D                                      | <input type="checkbox"/> Delete |
| NAME           | Howland, Diane                         |                                 |
| STREET ADDRESS | 8132 Coral Cir.                        |                                 |
| CITY-STATE-ZIP | Ft. Lauderdale, FL                     |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                             |                                                                              |
|----------------|-----------------------------|------------------------------------------------------------------------------|
| TITLE          | D                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Cran, Lorrie                |                                                                              |
| STREET ADDRESS | 5240 S.W. 26th Ave          |                                                                              |
| CITY-STATE-ZIP | FT Lauderdale FL 33312 7431 |                                                                              |
| TITLE          | D                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Lane, Sam                   |                                                                              |
| STREET ADDRESS | 10821 NW 6th St             |                                                                              |
| CITY-STATE-ZIP | Plantation FL               |                                                                              |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |                                                                              |
| STREET ADDRESS |                             |                                                                              |
| CITY-STATE-ZIP |                             |                                                                              |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |                                                                              |
| STREET ADDRESS |                             |                                                                              |
| CITY-STATE-ZIP |                             |                                                                              |
| TITLE          | V 2                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | SKINNER, Selwyn             |                                                                              |
| STREET ADDRESS | 17451 S.W. 33rd St          |                                                                              |
| CITY-STATE-ZIP | Pembroke Pines, FL          |                                                                              |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |                                                                              |
| STREET ADDRESS |                             |                                                                              |
| CITY-STATE-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:

James R Brauss Brauss, James R. 6/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 764 6906

FILED

01 JUL 10 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

CR2007 (11/00)