

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # N98000005566

FILED
May 17, 2000 8:00 am
Secretary of State

03-03-2000 90042 021 ****61.25

1. Entity Name

THE LIONS ATHLETIC ORGANIZATION OF DISTRICT 35-A

Principal Place of Business

Mailing Address

C/O ARTHUR W. KARLICK
 1454 N.W. 17TH AVENUE, SUITE #200
 MIAMI FL 33125-2384

C/O ARTHUR W. KARLICK
 1454 N.W. 17TH AVENUE, SUITE #200
 MIAMI FL 33125-2323

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

65-099-7655

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

KARLICK, ARTHUR W
 1454 N.W. 17TH AVENUE
 SUITE #200
 MIAMI FL 33125-2384

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 (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 NAME STREET ADDRESS CITY - ST - ZIP	P GARCIA, JOSE M 13311 D. S.W. 88TH TERRACE MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VP GAGE, MARIE 14000 S.W. 83RD STREET MIAMI FL 33183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VPD CASTRO, HENRY SR 104 S.W. 97TH COURT MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	3VPD GAGE, BILL 14000 S.W. 83RD STREET MIAMI FL 33183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S UEHLE-SMITH, ROSE M 175 S.E. 25TH ROAD, #11C MIAMI FL 33129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O CASTRO, YOLANDA 104 S.W. 97TH COURT MIAMI FL 33176	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER HECTOR A. FERRER 1756 NW 16 St. Miami FL 33125	<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
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: *Hector A. Ferrer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/2000 305-326-8296
 Date Daytime Phone #

CR2E037 (9/99)