## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # N93000004253 May 01, 2000 8:00 am Secretary of State BRANDON LIONS CLUB INC. 05-01-2000 90365 010 \*\*\*\*61.25 Principal Place of Business Mailing Address 3821 CLIFFDALE DR 610 LIMONA RD. VALRICO FL 33594-4822 BRANDON FL 33510 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0472390 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DONAHUE, KENNETH R 3821 CLIFFDALE DR VALRICO FL 33594 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **FILE NOW:** Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Delete Change ■ Addition TITLE TITLE CULVER, AL NAME NAME STREET ADDRESS 2228 MALIBU DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33511** ☐ Delete TITLE DΡ Change 🔀 ☐ Addition TITLE MOLEN, BRUCE NAME NAME STREET ADDRESS 110 BESSEMER CIR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33511** DT --- Change ☐ Addition ☐ Delete TITLE TITLE KUEBLER, JOSEPH NAME NAME STREET ADDRESS 505 BRANTWOOD CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZE Valrico FL Change ☐ Addition ☐ Delete TITLE DONAHUE, KENNETH NAME 3821 CLIFFDALE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Valrico FL 33594 CITY-ST-ZIP \*Addition □ Delete NAME 3210 COUNTRYSIDE ST. BRANDON, FL 33511 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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