

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N43295**

1. Entity Name

**BROOKRIDGE LIONS CLUB, INC.**

Principal Place of Business

Mailing Address

7300 BROOKRIDGE CENTRAL BLVD  
BROOKSVILLE FL 34613  
US7300 BROOKRIDGE CENTER BLVD  
BROOKSVILLE FL 34613  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2741110**

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

MILZ, DONALD R.  
9193 ADMIRAL ST.  
BROOKSVILLE FL 34613

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARZULLO, PETER</b> <b>13367 CANDIA ST.</b> <b>BROOKSVILLE FL 34609</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DANIELS, NANCY</b> <b>9163 ADMIRAL ST.</b> <b>BROOKSVILLE FL 34613</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MILZ, DONALO</b> <b>9193 ADMIRAL ST.</b> <b>BROOKSVILLE FL 34613</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DAY, ROBERT</b> <b>15393 BROOKRIDGE BLVD. E</b> <b>BROOKSVILLE FL 34613</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILZ, MARLENE</b> <b>9193 ADMIRAL ST</b> <b>BROOKSVILLE FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUCHNER, RUDOLF</b> <b>8088 MORIAH AVE</b> <b>BROOKSVILLE FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ENGLE, DON</b> <b>7659 MORIAH, AVE</b> <b>BROOKSVILLE, FL. 34613</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DARBY, FLOYD</b> <b>14378 NECTARINE, ST</b> <b>BROOKSVILLE, FL. 34613</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TEATERS, CHAS.</b> <b>8049 MONTROSE, AVE.</b> <b>BROOKSVILLE, FL. 34613</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CORSI, ROBERT</b> <b>7865 MORIAH, AVE.</b> <b>BROOKSVILLE, FL. 34613</b> <input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)