

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725219

1. Entity Name

SEBRING LIONS CLUB CHARITIES, INC.

Principal Place of Business

1200 FARIMONT DRIVE
SEBRING FL 33870

Mailing Address

1200 FARIMONT DRIVE
SEBRING FL 33870

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1828602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSSO, PETER
4229 HERALD AVE
SEBRING FL 33872

7. Name and Address of New Registered Agent

Name

Becky Marchant

Street Address (P.O. Box Number is Not Acceptable)

344 Red Pine Dr.

City

Sebring

FL

Zip Code

33871

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

Becky Marchant

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-16-01

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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	P	<input checked="" type="checkbox"/> Delete
NAME	RUSSO, PETER	
STREET ADDRESS	4229 HERALD AVE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KEYES, RONALD S	
STREET ADDRESS	4918 GRANADA BLVD	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHMIDT, GILBERT	
STREET ADDRESS	3818 SUNBIRD CIRCLE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BETHEA, JERRY	
STREET ADDRESS	420 BETHEA LANE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, SOPHY MAE	
STREET ADDRESS	1423 CRESCENT DR	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAFN, A J	
STREET ADDRESS	P.O. BOX 3416	
CITY-ST-ZIP	SEBRING FL 33871	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sophy Mae Mitchell Jr	
STREET ADDRESS	1423 Crescent Dr.	
CITY-ST-ZIP	Sebring, FL 33870	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	A.J. Bucky Kahn	
STREET ADDRESS	P.O. Box 3416	
CITY-ST-ZIP	Sebring, FL 33871	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sue Henry	
STREET ADDRESS	1105 Pasaschee Dr.	
CITY-ST-ZIP	Sebring, FL 33870	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Becky Marchant	
STREET ADDRESS	344 Red Pine Dr.	
CITY-ST-ZIP	Sebring, FL 33871	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henry Lankford	
STREET ADDRESS	4710 Bass Ave.	
CITY-ST-ZIP	Sebring, FL 33870	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Philip Peterson	
STREET ADDRESS	3217 Michigan Ave.	
CITY-ST-ZIP	Sebring, FL 33872	

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: Becky Marchant (Becky Marchant 7-16-01 (863)382-4160

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90024 029 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)