

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2002 8:00 am**  
**Secretary of State**

02-03-2002 90029 014 \*\*\*\*61.25

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1828602**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MARCHANT, BECKY  
 344 RED PINE DRIVE  
 SEBRING FL 33871**

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: \_\_\_\_\_ (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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MITCHELL, SOPHY MAE JR</b>	
STREET ADDRESS	<b>1423 CRESENT DRIVE</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>KAHN, AJ BUCKY</b>	
STREET ADDRESS	<b>P.O. BOX 3416</b>	
CITY-ST-ZIP	<b>SEBRING FL 33871</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HENRY, SUE</b>	
STREET ADDRESS	<b>1105 PASASCHEE DRIVE</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MARCHANT, BECKY</b>	
STREET ADDRESS	<b>344 RED PINE DRIVE</b>	
CITY-ST-ZIP	<b>SEBRING FL 33871</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LANKFORD, HENRY</b>	
STREET ADDRESS	<b>4710 BASS AVENUE</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PETERSON, PHILIP</b>	
STREET ADDRESS	<b>3217 MICHIGAN AVENUE</b>	
CITY-ST-ZIP	<b>SEBRING FL 33872</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-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: **BECKY MARCHANT** REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-19-02**

CR2E037 (9/01)