

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18334

1. Entity Name

SEBRING LIONS BREAKFAST CLUB, INC.

**FILED**  
**Sep 15, 2002 8:00 am**  
**Secretary of State**

08-18-2002 90131 011 \*\*\*\*61.25

Principal Place of Business

CAT HOUSE RESTAURANT  
213 S CIRCLE AVE  
SEBRING FL 33870  
US

Mailing Address

7423 SPARTA RD  
SEBRING FL 33872  
US

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

23-7335690

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

RILEY, MAX  
6750 US 27 N  
VILLA-3D  
SEBRING FL 33870

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
ROHN, E. CHARLES  
6750 US 27 NORTH V-5A  
SEBRING FL

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☒ Addition  
Ginny Blessing Luck  
629 N.E. Lakeview Drive  
Sebring, FL 33870

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
VON MERVELDT, PAUL  
3149 SHORTWOOD RD  
SEBRING FL 33870

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☒ Addition  
Marlene B. von Merveldt  
3149 Shortwood Rd  
Sebring, FL 33870

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
MCKLIN, EDITH  
328 HEMLOCK AVE  
SEBRING FL 33870

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

*Paul J. von Merveldt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Paul J. von Merveldt 8-12-02 863-3853600

CR2E037 (4/02)