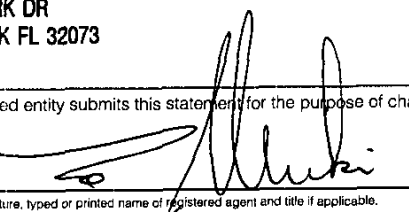


**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90015 020 \*\*\*\*75.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # 701835</b>			
1. Entity Name <b>ORANGE PARK LIONS CLUB HOLDING CO INC</b>			
Principal Place of Business <b>240 STOWE AVE. P. O. BOX 264 ORANGE PARK FL 32073</b>		Mailing Address <b>P O BOX 264 ORANGE PARK FL 32073 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-6170060</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MUSZYNSKI, GEORGE 1802 DENMARK DR ORANGE PARK FL 32073</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  DATE <b>1/9/01</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$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	VP CAFRELLI, JOSEPH JR 1907 SUWANNEE DRIVE ORANGE PARK FL 32073 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRIAN CAROLL, PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 139 SAN JAN DRIVE SATSUMA, FL 32189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHAEFF, BILL 2242 HOPKINS ST ORANGE PARK FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD COBB, RICHARD W. 2953 HOLLY ROAD ORANGE PARK FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD BELYEA, ROBERT 28 HARMONY HALL RD DR'S INLET FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD JONES, LAURENCE 2751 HOLLY POINT RD E ORANGE PARK FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD RICHARDS, ROBERT 384 FOX RIDGE RD ORANGE PARK FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <b>SIGNATURE REQUIRED</b>		Date _____ Daytime Phone # _____	

CR2E037 (10/00)