

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90049 030 ****70.00

DOCUMENT # 701835

1. Entity Name

ORANGE PARK LIONS CLUB HOLDING CO INC

Principal Place of Business

Mailing Address

240 STOWE AVE.
 P. O. BOX 264
 ORANGE PARK FL 32073

P O BOX 264
 ORANGE PARK FL 32073
 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

59-6170060

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUSZYNSKI, GEORGE
1802 DENMARK DR
ORANGE PARK FL 32073

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	P	<input checked="" type="checkbox"/> Delete
NAME	CARROLL BRIAN	
STREET ADDRESS	139 SAN JAN DR	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SHAEFF BILL	
STREET ADDRESS	2242 HOPKINS ST	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	DD	<input type="checkbox"/> Delete
NAME	COBB, RICHARD W.	
STREET ADDRESS	2953 HOLLY ROAD	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	DD	<input checked="" type="checkbox"/> Delete
NAME	BELYEA, ROBERT	
STREET ADDRESS	28 HARMONY HALL RD	
CITY-ST-ZIP	DR'S INLET FL	
TITLE	DD	<input type="checkbox"/> Delete
NAME	JONES, LAURENCE	
STREET ADDRESS	2751 HOLLY POINT RD E	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	DD	<input type="checkbox"/> Delete
NAME	RICHARDS, ROBERT	
STREET ADDRESS	384 FOX RIDGE RD	
CITY-ST-ZIP	ORANGE PARK FL	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT BELYEA	
STREET ADDRESS	28 HARMONY HALL RD	
CITY-ST-ZIP	DOCTORS INLET FL 32068	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE MUSZYNSKI	
STREET ADDRESS	1802 DENMARK DR.	
CITY-ST-ZIP	ORANGE PARK, FL 32003	
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		
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: _____

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/02

Date

Daytime Phone #

904/278-4895

CR2E037 (9/01)