2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an a

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED DOCUMENT # 703573 May 26, 2000 8:00 am 1. Entity Name Secretary of State **NEW PORT RICHEY LIONS CLUB INC** 05-26-2000 90037 001 ****61.25 Principal Place of Business Mailing Address 9227 GLEN MOOR LANE 9227 GLEN MOOR LANE PORT RICHEY FL 34668-4911 PORT RICHEY FL 34668 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-6155132 Not Applicable, Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEE, HOWELL JR. 9227 GLEN MOOR LANE PRT RCHY FL 34668 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) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 · OFFICERS AND DIRECTORS **1**11. 10. Change ☐ Addition TITLE □ Delete NAME lee. Howell Jr. NAME STREET ADDRESS STREET ADDRESS 9227 GLEN MOOR LANE CITY-ST-ZIP CITY-ST-ZIP PORT RCHY, FL 00000 · 🔲 Change ☐ Addition ☐ Delete TITLE TITLE بر سيون ۽ NAME LEE, VILMA NAME STREET ADDRESS STREET ADDRESS 9227 GLEN MOOR LANE CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY FL Change ☐ Addition ☐ Delete TITLE TITLE NAME EITEL, AREEYA NAME STREET ADDRESS STREET ADDRESS 1111 CORDOVA LANE CITY-ST-ZIP CITY-ST-ZIE CLEARWATER FL ☐ Change ☐ Addition ☐ Delete TITLE GRAY, MARY NAME NAME STREET ADDRESS STREET ADDRESS 134 MELODY LN CITY-ST-ZIP CITY-ST-7IP TARPON SPRINGS FL □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 of the receiver of 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

May 6, 2000