

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90107 035 \*\*\*\*61.25

**DOCUMENT # 705154**

1. Entity Name

**PIERSON LIONS CLUB, INC.**

Principal Place of Business

Mailing Address

143 W. 1ST AVE  
 PIERSON FL 32180  
 US

143 W. 1ST AVE  
 PIERSON FL 32180  
 US

2. Principal Place of Business

3. Mailing Address

**P.O. BOX 525**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**PIERSON FLA**

4. FEI Number

**59-6170073**

Applied For

Not Applicable

Zip

Country

Zip  
**32180**

Country

**USA**

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

**DAVIS, RICK**  
**153 E 2ND AVE**  
**PIERSON FL 32180**

Name  
**Kevin J. Beasley**

Street Address (P.O. Box Number is Not Acceptable)  
**421 BEASLEY LN.**

City  
**PIERSON** FL Zip Code  
**32180**

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

*Kevin J. Beasley*

**2-11-02**

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 | NAME             | STREET ADDRESS       | CITY-ST-ZIP      | Delete                              |
|-------|------------------|----------------------|------------------|-------------------------------------|
| S     | DAVIS, RICK      | 153 E 2ND AVE        | PIERSON FL 32180 | <input checked="" type="checkbox"/> |
| T     | DIXON, LAMAR     | 272 W WASHINGTON AVE | SEVILLE FL 32190 | <input type="checkbox"/>            |
| T     | BRADDOCK, JAMES  | 678 VANNOTE RD.      | PIERSON FL 32180 | <input type="checkbox"/>            |
| D     | CARTER, BILLY    | 235 TURNER ROAD      | PIERSON FL 32180 | <input type="checkbox"/>            |
| DC    | STONE, ROBERT    | 807 S. CR 3          | PIERSON FL 32180 | <input type="checkbox"/>            |
| P     | HARTLEY, RICHARD | 202 S. CENTER ST.    | PIERSON FL 32180 | <input type="checkbox"/>            |

| TITLE | NAME             | STREET ADDRESS  | CITY-ST-ZIP       | Change                   | Addition                            |
|-------|------------------|-----------------|-------------------|--------------------------|-------------------------------------|
| S     | KEVIN J. BEASLEY | 421 BEASLEY LN. | PIERSON FL. 32180 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|       |                  |                 |                   | <input type="checkbox"/> | <input type="checkbox"/>            |
|       |                  |                 |                   | <input type="checkbox"/> | <input type="checkbox"/>            |
|       |                  |                 |                   | <input type="checkbox"/> | <input type="checkbox"/>            |
|       |                  |                 |                   | <input type="checkbox"/> | <input type="checkbox"/>            |
|       |                  |                 |                   | <input type="checkbox"/> | <input type="checkbox"/>            |

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:

*Kevin J. Beasley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-11-02 (386) 749-2434**

Date Daytime Phone #

CR2E037 (9/01)