

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90314 031 \*\*\*\*61.25

**DOCUMENT # 705916**

1. Entity Name

**LIONS CLUB OF ST CLOUD FLORIDA INC**

Principal Place of Business

**34 BROWN CHAPEL RD  
 ST. CLOUD FL 34769  
 US**

Mailing Address

**820 FLORIDA AVE  
 ST CLOUD FL 34769  
 US**

2. Principal Place of Business

3. Mailing Address

**201 Virginia Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**St. Cloud, FL**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip  
**34769**

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

**FRANK, HEDGECK  
 820 FLORIDA AVE  
 ST CLOUD FL**

Name

**Robert A. Fisk**

Street Address (P.O. Box Number is Not Acceptable)

**201 Virginia Ave.**

City

**St. Cloud**

**FL**

Zip Code  
**34769**

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

**Robert A. Fisk**

**March 27, 2001**

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 ☒ Delete  
 NAME **P**  
**HENSCHEN, JOE**  
 STREET ADDRESS **4200 HAMILTON CT.**  
 CITY-ST-ZIP **ST CLOUD FL 34769**

TITLE ☒ Change ☐ Addition  
 NAME **President**  
 STREET ADDRESS **Roger W. Street**  
 CITY-ST-ZIP **1800 Pinar Court  
 St. Cloud, FL 34769**

TITLE ☒ Delete  
 NAME **D**  
**DIETRICH, HOWARD**  
 STREET ADDRESS **4201 HAMILTON COURT**  
 CITY-ST-ZIP **ST CLOUD FL 34769**

TITLE ☒ Change ☐ Addition  
 NAME **S**  
**Robert A. Fisk**  
 STREET ADDRESS **201 Virginia Ave.**  
 CITY-ST-ZIP **St. Cloud, FL 34769**

TITLE ☒ Delete  
 NAME **D**  
**YEASEL, HARRY**  
 STREET ADDRESS **5450 ALLIGATOR LAKE ROAD**  
 CITY-ST-ZIP **ST CLOUD FL 34769**

TITLE ☒ Change ☐ Addition  
 NAME **T**  
**Howard E. Dietrich**  
 STREET ADDRESS **4201 Hamilton Court**  
 CITY-ST-ZIP **St. Cloud, FL 34769**

TITLE ☐ Delete  
 NAME **T**  
**HEDGECK, FRANK**  
 STREET ADDRESS **820 FLORIDA AVENUE**  
 CITY-ST-ZIP **ST CLOUD FL 34769**

TITLE ☒ Change ☐ Addition  
 NAME **D**  
**Frank Hedgecock**  
 STREET ADDRESS **820 Florida Ave.**  
 CITY-ST-ZIP **St. Cloud, FL 34769**

TITLE ☒ Delete  
 NAME **D**  
**FISK, ROBERT**  
 STREET ADDRESS **201 VIRGINIA AVENUE**  
 CITY-ST-ZIP **ST. CLOUD FL 34769**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
**RENNEKER, JAMES**  
 STREET ADDRESS **1535 TENNESSEE AVENUE**  
 CITY-ST-ZIP **ST. CLOUD FL 34769**

TITLE ☐ Change ☐ 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

**Robert A. Fisk**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**March 27, 2001**

Date

**407/892-2616**

Daytime Phone #

CR2E037 (10/00)