## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # 705993

1. Entity Nam		RS LIONS CIVIC	CORPOR	ATION, INC.			08	3-21-2003 90112	013 ****61	.25	
Principal Place of Business V.I.P. CENTER. INC 35 S MARIANA AVE N FT MYERS FL 33903 US 2. Principal Place of Business			N. F. I P O B N. FT	Mailing Address N. F. M. L. C. C., INC. P O BOX 3036 N. FT MYERS FL 33918 US					4184 81811 81811 <b>8</b> 11		
2. Principal Place of Business 3. M.			3. Mailing Address								
Suite, Apt. #, etc.			Si	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			C	City & State			4. FEI Number 59-6153142 Applied For Not Applicable				
Zip . Country			Zi	Zip Cour					\$8.75 Add	ditional	
6. Name and Address of Current Registered Agent					<u> </u>		7. Name and Addre	ss of New Registere			
					Nam	е					
MORRIS, GARLICK 1260 PONDELLA CIRCLE NORTH FT MYERS FL 33903					Stree	et Address (	Address (P.O. Box Number is Not Acceptable)				
NORIȚI	I MIEKS I	L 33903			City			F	Zip Cod	e	
	tions of regis			·	registered offic		ed agent, or both, in th	e State of Florida. I a		and accept	
FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State				
10.		OFFICERS AND	DIRECTORS		11.		ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		RI, AW DELLA CIRCLE MYERS FL 33903		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss			☐ Change	- 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARLICK, 1260 PON		03	☐ Delete	TITLE NAME STREET ADORE CITY-ST-ZIP	ss			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BALLARD 1925 HOW N. FT. MY	WILLIAM /E COURT		Delete	NAME STREET ADDRE	SS		**************************************	Change	[] Addition.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCHER, 938 MOOI	WILLIAM		☐ Delete	TITLE NAME STREET ADDRE	ss		<del></del>	☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Delete

SIGNATURE:

NORMAN, FRED

15358 CIRCLE DRIVE

PUNTA GORDA FL

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Change

Change

Addition

☐ Addition

**FILED** Aug 21, 2003 8:00 am § Secretary of State