

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90533 009 ****61.25

DOCUMENT # 712808

1. Entity Name

THE FLORAL CITY LIONS CLUB, INC.



Principal Place of Business

**SOUTH HIGHWAY 41
P.O. BOX 4
FLORAL CITY FL 32636**

Mailing Address

**305 S MAIN ST
PO BOX 0004
FLORAL CITY FL 32636
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 **59-2919379**

Applied For

☒ Not Applicable

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

**KEESLING, HERBERT E
6865 SO BAKER AVE
FLORAL CITY FL 34436**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Delete
NAME **CLEVELAND, BRAD**
STREET ADDRESS **7450 S ROY TERR**
CITY-ST-ZIP **FLORAL CITY FL 34430**

TITLE **PD** ☒ Change ☐ Addition
NAME **JAMES HOWTON**
STREET ADDRESS **14180 ANNUTALAGO**
CITY-ST-ZIP **BROOKSVILLE, FL. 34601**

TITLE **TD** ☐ Delete
NAME **KEESLING, HERBERT E**
STREET ADDRESS **6865 SO. BAKER AVE.**
CITY-ST-ZIP **FLORAL CITY-FL 34436**

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

TITLE **D** ☒ Delete
NAME **ROGER JANKOWSKI**
STREET ADDRESS **7200 BAKER STREET**
CITY-ST-ZIP **FLORAL CITY FL 34436**

TITLE **D** ☐ Change ☐ Addition
NAME **CATHY CHURCH**
STREET ADDRESS **6391 S. DOLPHIN DRIVE**
CITY-ST-ZIP **FLORAL CITY, FL. 34436**

TITLE **DP** ☐ Delete
NAME **CLARK, ROGER**
STREET ADDRESS **8855 E WHALEN LN**
CITY-ST-ZIP **FLORAL CITY FL 34436**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **HERBERT E. KEESLING**

1-14-03

352-726-5107

CR2E037 (10/02)