

2002 UNIFORM BUSINESS REPORT (UBR)

1

FILED
Feb 25, 2002 8:00 am
Secretary of State

01-29-2002 90059 015 ****61.25

DOCUMENT # 714683

1. Entity Name

SPRINGFIELD LIONS CLUB HOLDING CORPORATION, INC.

Principal Place of Business

Mailing Address

**18 EAST 21ST STREET
 JACKSONVILLE FL 32206**

**18 EAST 21ST STREET
 JACKSONVILLE FL 32206**

14357

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

71-4783260

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**JONES, FRED
 5137 118TH STREET
 JACKSONVILLE FL 32244**

Name **Randall Neil Thomas**

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

2441 Broward Rd

City **Jacksonville**

FL

Zip Code **32208**

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

Randall Neil Thomas President

1-11-02

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, GEORGE W.	
STREET ADDRESS	409-A CLEVELAND AVE.	
CITY-ST-ZIP	ORANGE PK FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JONES, FRED	
STREET ADDRESS	5137 118TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	P	<input type="checkbox"/> Delete
NAME	THOMAS, RANDALL	
STREET ADDRESS	2160 MAYPORT RD APT 1402	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	S	<input type="checkbox"/> Delete
NAME	NORTH, BILL	
STREET ADDRESS	10822 GOBIE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	T	<input type="checkbox"/> Delete
NAME	COOK, DAVID	
STREET ADDRESS	936 DAVID RD	
CITY-ST-ZIP	YULEE FL 32097	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	James E Thomas (Director)	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	1332 IDA ST.	
STREET ADDRESS	Jacksonville Fla 32208	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas, Randall	
STREET ADDRESS	2441 Broward Rd	
CITY-ST-ZIP	Jacksonville Fla 32218	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Randall Neil Thomas President

1-11-02

904-251-9205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (9/01)