

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 719618

FILED
May 01, 2003
Secretary of State

Entity Name: SEBRING LIONS CLUB, INC.

Current Principal Place of Business:

1200 FAIRMONT DR
SEBRING, FL 33870

New Principal Place of Business:

3400 SEBRING PARKWAY
SEBRING, FL 33870

Current Mailing Address:

1200 FAIRMONT DR
SEBRING, FL 33870

New Mailing Address:

3400 SEBRING PARKWAY
SEBRING, FL 33870

FEI Number: 59-1828602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARCHANT, BECKY
344 RED PINE DRIVE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MITCHELL, SOPHY MAE JR.
Address: 1423 CRESCENT DRIVE
City-St-Zip: SEBRING, FL 33870

Title: 1VP () Delete
Name: KAHN, A.J. BUCKY
Address: P.O. BOX 3416
City-St-Zip: SEBRING, FL 33871

Title: T () Delete
Name: HENRY, SUE
Address: 1105 PASACHEE DRIVE
City-St-Zip: SEBRING, FL 33870

Title: SD () Delete
Name: MARCHANT, BECKY
Address: 344 RED PINE DRIVE
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: LANKFORD, HENRY
Address: 4710 BASS AVENUE
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: PETERSON, PHILIP
Address: 3217 MICHIGAN AVENUE
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AJ BUCKY KAHN

P

05/01/2003

Electronic Signature of Signing Officer or Director

Date

PHILIP PTERSON, DIRECTOR
3217 MICHIGAN AVENUE
SEBRING, FL 33872

ANITA HOWES, DIRECTOR
917 FIELDER BLVD
SEBRING, FL 33872

BOB TEDSTONE, SECRETARY
943 SE LAKEVIEW DRIVE
SEBRING, FL 33870

BECKY MARCHANT, TREASURER
344 RED PINE DRIVE
SEBRING, FL 33870

BOB TEDSTONE, VP
943 SE LAKEVIEW DR
SEBRING, FL 33870