

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90029 014 ****61.25

DOCUMENT # 725219

1. Entity Name

SEBRING LIONS CLUB CHARITIES, INC.

Principal Place of Business

**1200 FARIMONT DRIVE
 SEBRING FL 33870**

Mailing Address

**1200 FARIMONT DRIVE
 SEBRING FL 33870**

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

59-1828602

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

**MARCHANT, BECKY
 344 RED PINE DRIVE
 SEBRING FL 33871**

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.

SIGNATURE: _____ (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	P	☐ Delete
NAME	MITCHELL, SOPHY MAE JR	
STREET ADDRESS	1423 CRESENT DRIVE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	VP	☐ Delete
NAME	KAHN, AJ BUCKY	
STREET ADDRESS	P.O. BOX 3416	
CITY-ST-ZIP	SEBRING FL 33871	
TITLE	T	☐ Delete
NAME	HENRY, SUE	
STREET ADDRESS	1105 PASASCHEE DRIVE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	S	☐ Delete
NAME	MARCHANT, BECKY	
STREET ADDRESS	344 RED PINE DRIVE	
CITY-ST-ZIP	SEBRING FL 33871	
TITLE	D	☐ Delete
NAME	LANKFORD, HENRY	
STREET ADDRESS	4710 BASS AVENUE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	☐ Delete
NAME	PETERSON, PHILIP	
STREET ADDRESS	3217 MICHIGAN AVENUE	
CITY-ST-ZIP	SEBRING FL 33872	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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: **BECKY MARCHANT** REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-02

CR2E037 (9/01)