

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

05-01-2002 91494 036 ****70.00

DOCUMENT # 725942

1. Entity Name

MOUNT DORA LIONS CLUB, INC.

Principal Place of Business

Mailing Address

290 1/2 HIGHLAND STREET
P. O. BOX 131
MOUNT DORA FL 32757

290 1/2 HIGHLAND STREET
P. O. BOX 131
MOUNT DORA FL 32757

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

59-6170030

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

PEZZO, MARY T
1051 S. HIGHLAND ST 2-E
P.O. BOX 131
MOUNT DORA FL 32756

Name

ALICE J Clark
11451 Hickory Lane
TAVARES
City

FL

32778

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

4/18/02

After September 13, 2002,
min. will be \$236.25.

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 **PD** ☒ Delete
NAME **CLARK, CHARLES**
STREET ADDRESS **11451 HICKORY LANE**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **PD** ☒ Change ☐ Addition
NAME **CRAIG BOARDMAN**
STREET ADDRESS **811 N. GRANDVIEW ST**
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **SD** ☐ Delete
NAME **CLARK, ALICE J**
STREET ADDRESS **11451 HICKORY LANE**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **TD** ☒ Change ☐ Addition
NAME **CLARK ALICE J**
STREET ADDRESS **11451 HICKORY LANE**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **TD** ☒ Delete
NAME **PEZZO, MARY T**
STREET ADDRESS **1051 S HIGHLAND ST 2-E**
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **TD** ☒ Change ☐ Addition
NAME **CLARK ALICE J**
STREET ADDRESS **11451 HICKORY LANE**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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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:

SIGNATURE

4/18/02

352
742-8592

CR2E037 (4/02)

2002 UNIFORM BUSINESS REPORT (UBR)

5/1/2002-91494-036-\$70.00-\$70.00

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3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-6170030

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEZZO, MARY T
1051 S. HIGHLAND ST 2-E
P.O. BOX 131
MOUNT DORA FL 32758

7. Name and Address of New Registered Agent

Name Alice J. Clark

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

11451 Hickory Lane

Tavares, FL 32778

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

Signature, typed or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when reinstating)

4/18/02
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	PD	<input checked="" type="checkbox"/> Delete
NAME	CLARK, CHARLES	
STREET ADDRESS	11451 HICKORY LANE	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CLARK, ALICE J	
STREET ADDRESS	11451 HICKORY LANE	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PEZZO, MARY T	
STREET ADDRESS	1051 S HIGHLAND ST 2-E	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Craig Boardman	
STREET ADDRESS	811 N. Grandview St.	
CITY-ST-ZIP	Mount Dora, FL 32757	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clark, Alice J.	
STREET ADDRESS	11451 Hickory Lane	
CITY-ST-ZIP	Tavares, FL 32778	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18, 2002 3527359629
Date Daytime Phone #

Attachment
DOC# 725942

97335

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)