

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725978

1. Entity Name

LIONS CLUB OF SPRING HILL, FLORIDA, INC.

FILED

May 07, 2001 8:00 am  
Secretary of State

05-07-2001 90032 020 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

247 HALLCREST AVE  
SPRING HILL FL 34608-6933  
US

Mailing Address

PO BOX 3063  
SPRING HILL FL 34606-0961  
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 59-6214539

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

KELLY, MARTHA  
9286 BENROCK RD  
SPRING HILL FL 34608

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME BURMESTER, GEORGE  
STREET ADDRESS 1468 NEW HOPE RD  
CITY-ST-ZIP SPRING HILL FL 34606

TITLE ☐ Change ☒ Addition  
NAME Director  
STREET ADDRESS Richard Hamlin  
CITY-ST-ZIP 1253 Markham Avenue  
Spring Hill, FL 34606

TITLE D ☒ Delete  
NAME SCHWARTZBECK, ROLAND  
STREET ADDRESS 9012 ELDRIDGE RD  
CITY-ST-ZIP SPRING HILL, FL 00000 34608  
*No longer member*

TITLE ☐ Change ☒ Addition  
NAME Director  
STREET ADDRESS Doris Leib  
CITY-ST-ZIP 8209 Omaha Circle  
Spring Hill, FL 34607

TITLE S ☐ Delete  
NAME KELLY, MARTHA  
STREET ADDRESS 9286 BENROCK RD  
CITY-ST-ZIP SPRING HILL, FL 00000 34608

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

TITLE D ☒ Delete  
NAME MCGUINNESS, ROBERT  
STREET ADDRESS 1295 PILGRIM RD  
CITY-ST-ZIP SPRING HILL, FL 00000 34606  
*Deceased*

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-352-  
4-25-01 686-8686

Date

Daytime Phone #

CR2E037 (10/00)