

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90209 046 \*\*\*\*61.25

947846

DOCUMENT #

1. Entity Name

727771  
 MERRITT ISLAND LIONS CLUB  
 (INTERNATIONAL)

Principal Place of Business

Mailing Address

NON PROFIT SERVICE  
 ORGANIZATION

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

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	BETTE JONES	
STREET ADDRESS	6550 LITTLETON LA.	
CITY-ST-ZIP	MERRITT IS. FL 32953	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	ROBERT JONES	
STREET ADDRESS	6550 LITTLETON LA.	
CITY-ST-ZIP	MERRITT IS. FL 32953	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	FRANK BELL	
STREET ADDRESS	1055 AUDUBON RD.	
CITY-ST-ZIP	MERRITT IS. FL 32953	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	JOSEPHINE CREO	
STREET ADDRESS	1610 TOLSON CT.	
CITY-ST-ZIP	MERRITT IS. FL 32953	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

JOSEPHINE CREO (SEC) 4/19/00 321-459-0963

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)