

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730355

1. Entity Name

FLORIDA LIONS CAMP FOR THE VISUALLY HANDICAPPED,

Principal Place of Business

2819 TIGER LAKE ROAD
LAKE WALES FL 33853

Mailing Address

2819 TIGER LAKE ROAD
LAKE WALES FL 33853

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CAGE, BARBARA J
2819 TIGER LAKE ROAD
LAKE WALES FL 33853

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

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CAMERON, WILLIAM 2916 CLOVERFIELD LANE VALRICO FL 33594 | PD 2000 DAVIS, ANNE ROUTE 5, BOX 5473 MONTICELLO FL 32344 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MYERS, PAUL 108 FAIRWAY COURT LAKE PLACID FL 33852 | TD <input type="checkbox"/> Delete SAMEN, CHARLES 150 OLD NICHOLS CIR. AUBURN DALE, FL 33823 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD DAVIS, ANNE ROUTE 5, BOX 5473 MONTICELLO FL 32344 | VPD <input type="checkbox"/> Delete DAVIS, J. COLEMAN P.O. BOX 1095 PLANT CITY, FL 33564 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DAVIS, COLEMAN J P.O. BOX 1095 PLANT CITY FL 33564 | VD <input checked="" type="checkbox"/> Delete ANDRESS, PAUL 12196 SANDAVE. N SEMINOLE, FL 33772 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ANDRESS, PAUL 12196 82ND AVENUE SEMINOLE FL 33542 | S <input type="checkbox"/> Delete AYERS, JOE 101 ALLAN AVE WINTER HAVEN, FL 33880 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DAVIS, J. COLEMAN P.O. BOX 1095 PLANT CITY, FL 33564 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SAMEN, CHARLES 150 NICHOLS CIRCLE AUBURN DALE, FL 33823 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | NONE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD AYERS, JOE 101 ALLEN AVE. WINTER HAVEN, FL 33880 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PADULA, JR., ART 2508 50TH ST. S Gulfport, FL 33707 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

BARBARA CAGE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADMINISTRATOR

4/20/01

Date

863-696-1948

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90186 049 ****61.25



DO NOT WRITE IN THIS SPACE

0066956

CR2E037 (10/00)

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LAKE WALES FL 33853

Mailing Address

2819 TIGER LAKE ROAD
LAKE WALES FL 33853-9582

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

59-1552242

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

CAGE, BARBARA J
2819 TIGER LAKE ROAD
LAKE WALES FL 33853

Name

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

City

FL

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FILE NOW
\$5.00

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Trust Fund Contribution. ☐

\$5.00 May Be
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Make check payable to
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES D DAVIS, ANNE ROUTE 5, BOX 5473 MONTICELLO, FL 32344 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREAS D ANDRESS, CHARLES 150 OLD MICHAELS CIRCLE HOLLYWOOD, FL 33023 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1ST VICE PRES D DAVIS, COLEMAN J P.O. BOX 1095 PLANT CITY, FL 33564 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2ND VICE PRES D ANDRESS, PAUL 12196 82ND AVENUE SEMINOLE, FL 33542 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY MYERS, PAUL 101 ALLAN AVE. WINTER HAVEN, FL 33880 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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SIGNATURE:

Original signed 3/6/00 803-696-1948

CR25037 (9/99)