

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733880

1. Entity Name

DELAND LIONS CLUB, INC.

Principal Place of Business

410 N GARFIELD AVE
PO BOX 522
DELAND FL 32721-0522

Mailing Address

410 N GARFIELD AVE
PO BOX 522
DELAND FL 32721-0522

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

59-6152554

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOULD, VINCENT W
230 E TAYLOR RD
DELAND FL 32724

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
DT
MCWAID, ROBERT
222 W. SPRING GARDEN RD
DELAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HUNT, EARLE
2330 E. NEW YORK AVE.
DELAND, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCGEHEE, WILLIAM
615 S. BLUELAKE AVE
DELAND FL 32724 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROWN, CALVIN
2576 WILMHURST RD
DELAND FL 32720 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
WOLFE, ROBERT
1681 TIMBERHILLS DR
DELAND FL 32725 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOPKINS, JOHN H.
510 NUTMEG CIRCLE
DELAND FL 32724 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

Signature and Typed Name of Signing Officer or Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2001

Date

386-736-7993

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90023 042 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)