

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735087

1. Entity Name

COTEE RIVER LIONS CLUB, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90034 010 ****61.25

Principal Place of Business

Mailing Address

8
8320 PLATHE ROAD
NEW PORT RICHEY FL 34656-0773
US

P.O. BOX 773
NEW PORT RICHEY FL 34656-0773
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0195691

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

BALOGH, FRANK
14821 CASSANDRA DR.
ODESSA FL 33556

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 P ☒ Delete
NAME CRANE, GILFORD
STREET ADDRESS 7423 FAIRWOOD AVE
CITY-ST-ZIP NEW PT. RICHEY FL 34653

TITLE S ☒ Delete
NAME HUMBER, KENNETH E.
STREET ADDRESS 11207 SALTREE LANS
CITY-ST-ZIP NEW PORT RICHEY FL 34668

TITLE VP ☐ Delete
NAME AMOR, DANIEL D
STREET ADDRESS 7026 BAILLIN DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE D ☐ Delete
NAME GRILL, JOHN A
STREET ADDRESS 10038 BEEFMASTER COURT
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE TD ☒ Delete
NAME MCNEILL, CHERYL
STREET ADDRESS 5604 ANTELOPE LANE
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE D ☒ Delete
NAME BALOGH, FRANK
STREET ADDRESS SR 54 RTE 3 BOX 1603
CITY-ST-ZIP ODESSA FL

TITLE P ☒ Change ☐ Addition
NAME LIZ PHILLIPS
STREET ADDRESS P O BOX 3148
CITY-ST-ZIP HOLIDAY FL 34690

TITLE S/D ☒ Change ☐ Addition
NAME DOROTHEA GRILL
STREET ADDRESS 10038 BEEFMASTER CT
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

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

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

TITLE T ☒ Change ☐ Addition
NAME JOANNE HALL
STREET ADDRESS 7316 ISLANDER LN
CITY-ST-ZIP HUDSON, FL 34667

TITLE D ☒ Change ☐ Addition
NAME JAMES GALLAGHER
STREET ADDRESS 10130 OAK HILL DR
CITY-ST-ZIP PORT RICHEY FL 34668

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:

Dorothea Grill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-00