

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90274 026 ****61.25

DOCUMENT # 735087

1. Entity Name

COTEE RIVER LIONS CLUB, INC.

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

Zip

Country

Zip

Country

4. FEI Number

51-0195691

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

BALOGH, FRANK
14821 CASSANDRA DR.
ODESSA FL 33556

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 **P** ☒ Delete
NAME **PHILLIPS, LIZ**
STREET ADDRESS **PO BOX 3148**
CITY-ST-ZIP **HOLIDAY FL 34190**

TITLE **P** ☒ Change ☐ Addition
NAME **GRILL, JOHN A**
STREET ADDRESS **10038 BEEFMASTER CT**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **SD** ☐ Delete
NAME **GRILL, DORTHER**
STREET ADDRESS **10038 BEEFMASTER CT**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

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

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

TITLE **VP** ☐ Change ☐ Addition
NAME **RAE GALLAGHER**
STREET ADDRESS **10130 OAK HILL DR**
CITY-ST-ZIP **PORT RICHEY FL 34618**

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

TITLE **D** ☒ Change ☐ Addition
NAME **PHILLIPS, CHARLES**
STREET ADDRESS **PO BOX 3148**
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **T** ☒ Delete
NAME **HALL, JOANNE**
STREET ADDRESS **7316 ISLANDER LN**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **T** ☒ Change ☐ Addition
NAME **MC NEILL, CHERYL**
STREET ADDRESS **5604 ANTELOPE LANE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **D** ☐ Delete
NAME **GALLAGHER, JAMES**
STREET ADDRESS **10130 OAK HILL DR**
CITY-ST-ZIP **PORT RICHEY FL 34668**

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

2/21/01
Date

727-372-0508
Daytime Phone #

CR2E037 (10/00)