

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State
 04-26-2002 90018 019 ****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 NAME STREET ADDRESS CITY-ST-ZIP	P GRIL, JOHN A 100038 BEFMASTER COURT NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRILL, DORTHER 10038 BEEFMASTER CT NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GALLAHAGHER, RAE 10130 OAK HILL DRIVE PORT RICHEY FL 34668	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, CHARLES PO BOX 3148 HOLIDAY FL 34690	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCNEILL, CHERYL 5604 ANTELOPE LANE NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLAGHER, JAMES 10130 OAK HILL DR PORT RICHEY FL 34668	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Charles Phillips PO Box 3148 Holiday FL 34690	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary D Kenneth E. Huber 11538 Lakeview Dr New Port Richey FL 34654	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Calterma Gearhart 5539 Redhawk Dr New Port Richey FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Gilford Crane 7423 Fairwood Ave New Port Richey FL 34653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Joe Caggiano 5708 Lagoon Dr New Port Richey FL 34653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/01)

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, 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 of John A. Gril

4-10-02 786-6177