2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **735087**

1. Entity Name

COTEE RIVER LIONS CLUB, INC.



FILED Mar 21, 2003 8:00 am Secretary of State

03-21-2003 90087 043 ****61.25

Procipile Place of Business Mollicy Auditores P. O. Box 173 No. 174	OOTEE III	14611 610110 0600, 1110.			WE TEST	<u> </u>			
Suite, Apt. #, etc. Suite, Apt. #, etc. GHSQ Harte FMAKING CHANGES Suite, Apt. #, etc. GHSQ Harte FMAKING CHANGES Suite, Apt. #, etc. GHSQ Harte FMAKING CHANGES Zip Country Zip Country S. Certificate of Status Desired S8.75 Additional Fee Required See Required S. Certificate of Status Desired S8.75 Additional Fee Required See Required S. Certificate of Status Desired S8.75 Additional Fee Required See Required S. Certificate of Status Desired S8.75 Additional Fee Required See Required S. Certificate of Status Desired S8.75 Additional Fee Required See Required S. Certificate of Status Desired S8.75 Additional Fee Required See Required S. Certificate of Status Desired S8.75 Additional Fee Required See Required S. Certificate of Status Desired S8.75 Additional Fee Required See Required S. Certificate of Status Desired S8.75 Additional Fee Required See Required See Required See Required Signature S. Certificate of Status Desired S8.75 Additional Fee Required Signature S. Certificate of Status Desired S8.75 Additional Fee Required Signature S. Certificate Status Desired Status Desired Signature S. Certificate Status Desired Status Desired Signature S. Certificate Status Desired Status Desired Signature S. Certificate Status Desired Signature S. Certificate Status Desired Signature Status Desired Status Desire	8 P.O. 1 8320 PLATHE ROAD NEW NEW PORT RICHEY FL 34656-0773 US		P.O. BOX 773 NEW PORT RICHEY	. BOX 773		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	II IIII 18121 1811 1811 111		II 8188 1801
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Secretary Secr	City & State		City & State			4. FEI Number 51	-0195691		
BALOGH, FRANK 14821 CASSANDRA DR: ODESSA FL 33556 City FL Zig Code City FL Zig Cod	· · · · · · · · · · · · · · · · · · ·		Zip C		entry	5. Certificate of Status Desired		\$8.75 Additional	
BALOGH, FRANK 14821 CASSANDRAD RP: ODESSA FL 33556 City FL Zip Code City FL Zip Code 6. 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. I am tamiliar with, and accept the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. GAGGE PHILLIPS, CHARLES PHILLIPS, CHARLES PHILLIPS, CHARLES PO BOX 3148 STRET ADDRESS PO BOX 3148 HUBER, KENNETH E NAME STRET ADDRESS HOLIDAY PL 34693 OTY-51-2P NEW PORT RICHEY PL 34655 OTY-51-2P NEW PORT RICHEY PL 34653 OTY-51-2P NEW PORT RICHEY PL 34653 OTY-51-2P TITE TO Delete TITE TO Delete TITE TO DELETE ADDRESS OTY-51-2P NAME STRET ADDRESS OTY-51-2P NAME CITY-51-2P NAME OTHER ADDRESS OTY-51-2P NAME OTHER ADDRESS OTY-51-2P TITE TO Delete TITE TO DELETE ADDRESS OTY-51-2P TITE TO DELETE ADDRESS TO STRET ADDRESS			Registered Agent			7. Name and Addi	ess of New Registe	red Agent	
ABLET CASSANDRA DR: ODESSA FL 33556 City FL Zio Code City FL Zi		and the same			Name				
DOESSA FL 33556 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGN/ATURE Signature to your or printed neme of squatered agent and till of applicables. (NOTE Registered Agent signature register when refracting)				Street Address (P.O. Box Number is Not Acceptable)					
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNYATURE Price P									
THE NOW: FEE IS \$61.25 Secondary Procedure printed name of registered agent and little if applications. NOTE Registered Agent signature required when recreating) DATE		•			City			FL Zip Cod	e
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME PHILLIPS, CHARLES PO BOX 3148 HOLIDAY FL 34690 TITLE SD NAME HUBER, KENNETH E STREET ADDRESS FIRET ADDRE	the obligat	ions of registered agent. .*							and accept
TITLE	FILE NOW: FEE IS \$61.25					\$5.00 May Be Added to Fees			
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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:

Cherry by Bigging DU veasur

3-18-03