

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

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90515 003 \*\*\*\*61.25

**DOCUMENT # 735736**

1. Entity Name  
**LIONS CLUB OF CLEARWATER, INC.**



Principal Place of Business  
**1876 PEACEFUL LANE W.  
P O BOX 4157  
CLEARWATER FL 33758  
US**

Mailing Address  
**1876 PEACEFUL LANE W.  
P O BOX 4157  
CLEARWATER FL 33758  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **NOT APPLICABLE** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**EVANS, THOMAS I  
1876 PEACEFUL LANE W.  
CLEARWATER FL 33756**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD EVANS, THOMAS I 1876 PEACEFUL LANE WEST CLEARWATER FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROHRBACK, ARTHUR D 249 JASPER ST. #157 LARGO FL 33770</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BREIT, WARREN 2458 FLORENTINE WAY #68 CLEARWATER FL 33763</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD RANDALL, SARA J 269 BAY ARISTOCRAT VILLAGE CLEARWATER FL 33764</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD FANCHER, ROBIN 3069 WHISPERINA DRIVE SOUTH LARGO FL 33771</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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	<b>Pres Roderick Wood 2109 University Court Clearwater, Fla 33764</b>	<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	<b>VPD Ronald Goetzke 2683 Winding Way Palm Harbor Fla 34683</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Sara J. Randall*  
**SIGNATURE REQUIRED** 1/17/03 727-530-3160

CR2E037 (10/02)