

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765656

1. Entity Name

CRESCENT CITY LIONS CLUB, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90118 035 ****61.25

Principal Place of Business

930 OAKWOOD ST
CRESCENT CITY FL 32112
US

Mailing Address

PO BOX 823
CRESCENT CITY FL 32112-0823
US

2. Principal Place of Business

610 N, Summit St

3. Mailing Address

Suite, Apt. #, etc.

City & State

CRESCENT CITY FL

City & State

4. FEI Number

59-6169998

Applied For

Not Applicable

Zip

32112

Country

PUTNAM

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLYBURN, LLOYD
110 PEGGY LN
GEORGETOWN FL 32139

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.

SIGNATURE LLOYD CLYBURN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/24/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MALINE, JOSEPH	
STREET ADDRESS	202 OCEOLA ST	
CITY-ST-ZIP	WHISPERING PINES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MIMS, MAC ARTHUR	
STREET ADDRESS	100 MIMS RD	
CITY-ST-ZIP	CRESENT CITY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REESE, ROBERT G.	
STREET ADDRESS	205 OCEOLA DR.	
CITY-ST-ZIP	GEORGETOWN FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CLYBURN, LLOYD E.	
STREET ADDRESS	110 PEGGY LANE	
CITY-ST-ZIP	GEORGETOWN FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KRAMER, JOHN	
STREET ADDRESS	212 CHARLANE E	
CITY-ST-ZIP	POMONA PARK FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARTER, P J	
STREET ADDRESS	117 PUTTER LANE	
CITY-ST-ZIP	FRUITLAND FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONAPARTE, JASPER	
STREET ADDRESS	206 GEORGETOWN DENVER RD	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COVINGTON, JANET	
STREET ADDRESS	109 LAKE-GROVE DR	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELTMAN, DEAN	
STREET ADDRESS	512 LEMON AVE	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELTMAN, MARY	
STREET ADDRESS	512 LEMON AVE	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

LLOYD CLYBURN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/00

Date

904 467 9378

Daytime Phone #

CR2E037 (9/99)