

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765656

1. Entity Name

CRESCENT CITY LIONS CLUB, INC.

FILED

Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90184 031 ****61.25

Principal Place of Business

Mailing Address

610 N SUMMIT ST
CRESCENT CITY FL 32112
US

PO BOX 823
CRESCENT CITY FL 32112-0823
US

2. Principal Place of Business

922 OAKWOOD STREET

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

7. Name and Address of New Registered Agent

CLYBURN, LLOYD
110 PEGGY LN
GEORGETOWN FL 32139

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
VD
VELTMAN, DEAN
232 S, MAIN
CRESCENT CITY FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MIMS, MAC ARTHUR
100 MIMS RD
CRESENT CITY FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
REESE, ROBERT G.
205 OCEOLA DR.
GEORGETOWN FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
REESE, ROBERT G
228 PALM AVE
CRESCENT CITY FL
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
CLYBURN, LLOYD E.
110 PEGGY LANE
GEORGETOWN FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BONAPARTE, JASPER
206 GEORGETOWN DENVER RD
CRESCENT CITY FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BONAPARTE, JASPER
206 GEORGETOWN RD
CRESCENT CITY FL
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
COMINGTON, JANET
109 LAKE GROVE DR
CRESCENT CITY FL

☐ Delete

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

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

1/15/02

Date

386 467 9378

Daytime Phone #

CR2E037 (9/01)