

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

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90233 042 ****61.25

DOCUMENT # 765656

1. Entity Name
CRESCENT CITY LIONS CLUB, INC.



Principal Place of Business

922 OAKWOOD STREET
CRESCENT CITY FL 32112
US

Mailing Address

PO BOX 823
CRESCENT CITY FL 32112-0823
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 **59-6169998**

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

CLYBURN, LLOYD
110 PEGGY LN
GEORGETOWN FL 32139

7. Name and Address of New Registered Agent

Name **Christine Taylor**

Street Address (P.O. Box Number is Not Acceptable)
115 Putter Lane

City **CRESCENT City**

FL

Zip Code

32112

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 **Christine Taylor SD**

01/27/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	VELTMAN, DEAN	
STREET ADDRESS	232 S. MAIN	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MIMS, MAC ARTHUR	
STREET ADDRESS	100 MIMS RD	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REESE, ROBERT G.	
STREET ADDRESS	228 PALM AVE	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CLYBURN, LLOYD E.	
STREET ADDRESS	110 PEGGY LANE	
CITY-ST-ZIP	GEORGETOWN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BONAPARTE, JASPER	
STREET ADDRESS	206 GEORGETOWN RD	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CONINGTON, JANET	
STREET ADDRESS	109 LAKE GROVE DR	
CITY-ST-ZIP	CRESCENT CITY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carter, Patricia	
STREET ADDRESS	117 Putter Lane	
CITY-ST-ZIP	CRESCENT City FL 32112	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clyburn, Lloyd E.	
STREET ADDRESS	110 Peggy Lane	
CITY-ST-ZIP	Georgetown FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christine Taylor	
STREET ADDRESS	115 Putter LA.	
CITY-ST-ZIP	CRESCENT City, FL 32112	
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:

Christine Taylor

01/27/03

836-467-3274

CR2E037 (10/02)