

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765886

1. Entity Name

DANIA LIONS CLUB, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90028 035 ****61.25

Principal Place of Business

% RICHARD R. SOBCZAK
224 S. E. 6TH STREET
DANIA FL 33004

Mailing Address

% RICHARD R. SOBCZAK
224 S. E. 6TH STREET
DANIA FL 33004-4148

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0692229

Applied For

Not Applicable

Zip

Country

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

SOBCZAK, RICHARD R
224 SE 6TH ST
DANIA FL 33004

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 ☒ Delete
NAME **GOODMAN, MURRY**
STREET ADDRESS **415 S. FEDERAL HWY.**
CITY-ST-ZIP **DANIA FL**

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

TITLE ☐ Delete
NAME **D COSTELLO, RON**
STREET ADDRESS **262 SW 8TH ST**
CITY-ST-ZIP **DANIA FL 33004**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Dania Beach**

TITLE ☐ Delete
NAME **D SILVENNALE, JUNE**
STREET ADDRESS **275 SW 9TH ST**
CITY-ST-ZIP **DANIA FL 33004**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Dania Beach**

TITLE ☒ Delete
NAME **WINTHERS, WILLIAM**
STREET ADDRESS **7975 S.W. 28TH AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

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

TITLE ☐ Delete
NAME **D HUTCHINGS, RUTH**
STREET ADDRESS **33 S.E. 4TH ST.**
CITY-ST-ZIP **DANIA FL 33004**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Dania Beach**

TITLE ☐ Delete
NAME **Treasurer Lisa Young**
STREET ADDRESS **286 SE 9th St.**
CITY-ST-ZIP **Dania Beach FL 33004**

TITLE ☐ Change ☐ 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 not employed.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)