

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

FILED
Feb 20, 2003 8:00 am
Secretary of State

1/2

01-22-2003 90147 044 ****61.25

DOCUMENT # 765886 1. Entity Name DANIA LIONS CLUB, INC.					
Principal Place of Business 265 SW 5 ST DANIA FL 33004			Mailing Address PO BOX 681 DANIA FL 33004		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0692229	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YOUNG, DSA 286 SW 9TH ST DANIA FL 33004				7. Name and Address of New Registered Agent Name COSTELLO, RON Street Address (P.O. Box Number is Not Acceptable) 262 SW 8th ST DANIA BEACH, FLA City FL Zip Code 33004	
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 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTELLO, RON 262 SW 8TH ST DANIA FL 33004	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER COSTELLO, RON.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SILVERNALE, JUNE 275 SW 9TH ST DANIA FL 33004	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNE SILVERNALE 275 SW 9th STREET DANIA BEACH FL	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHINGS, RUTH 33 S.E. 4TH ST. DANIA FL 33004	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOUNG, DSA 286 SW 9TH ST DANIA FL 33004	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILVERNALE, JIM 1413 SW 18 CT FORT LAUDERDALE FL 33315	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kubetz, Hank 1701 S. OCEAN DRIVE Apt #201 MELLYWOOD, FLA 33019	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR	☐ 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		1/17/03 954.920-4579	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E037 (10/02)