

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90008 050 \*\*\*\*61.25

**DOCUMENT # 768466**

1. Entity Name

**MARGATE LIONS CLUB INC.**

Principal Place of Business

Mailing Address

**508 MELALEUCA AVE.  
MARGATE FL 33063**

**508 MELALEUCA AVE.  
MARGATE FL 33063**

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

**59-6170039**

Applied For

Not Applicable

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

**THE LAW FIRM OF LAWRENCE J. SPIEGAL  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

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 **P** ☒ Delete  
NAME **MADSEN, JAMES**  
STREET ADDRESS **6342 NW 20TH ST**  
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **D** ☐ Delete  
NAME **KING, SIDNEY**  
STREET ADDRESS **2111 NW 76TH AVE**  
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **S** ☒ Delete  
NAME **WUTZLER, MARY**  
STREET ADDRESS **1710 N.W. 62ND TERRACE**  
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **D** ☒ Delete  
NAME **WUTZLER, RICHARD**  
STREET ADDRESS **2941 NW 52ND WAY**  
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **D** ☐ Delete  
NAME **MADSEN, JIM**  
STREET ADDRESS **6342 NW 20TH ST**  
CITY-ST-ZIP **MARGATE FL**

TITLE **T** ☐ Delete  
NAME **MASTERS, RALEIGH**  
STREET ADDRESS **6700 N.W. 8TH ST.**  
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **P** ☒ Change ☐ Addition  
NAME **RICK WUTZLER**  
STREET ADDRESS **2941 NW 52 WAY**  
CITY-ST-ZIP **MARGATE, FL 33063**

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

TITLE **S** ☒ Change ☐ Addition  
NAME **SHARON CLENIN**  
STREET ADDRESS **5989 NW 69 WAY**  
CITY-ST-ZIP **PARKLAND FL 33067**

TITLE **D** ☒ Change ☐ Addition  
NAME **EARL ROGGE**  
STREET ADDRESS **1817 TAMARIND LANE**  
CITY-ST-ZIP **COCONUT CREEK FL 33063**

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

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 like empowered.

SIGNATURE: **RALEIGH S. MASTERS** - Raleigh S. Masters 2-11-02 954 971-3518

CR2E037 (9/01)