

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004660

1. Entity Name

QUINCY LIONS CLUB, INC.

Principal Place of Business

37 N CLEVELAND ST  
QUINCY FL 32351

Mailing Address

37 N CLEVELAND ST  
QUINCY FL 32351

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 51-0230195

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

CLOUD, FLAKE  
121 COOL SPRINGS LN  
QUINCY FL 32351

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 PD  
NAME MCNEESE, MAXINE ☒ Delete  
STREET ADDRESS 511 N STEWART ST  
CITY-ST-ZIP QUINCY FL 32351

TITLE PD ☒ Change ☐ Addition  
NAME JOHN GUTTRY  
STREET ADDRESS 124 N SHELFER ST  
CITY-ST-ZIP QUINCY FL 32351

TITLE VD ☒ Delete  
NAME GUTTRY, JOHN  
STREET ADDRESS 813 W FRANKLIN ST  
CITY-ST-ZIP QUINCY FL 32351

TITLE VD ☒ Change ☐ Addition  
NAME DON MORRIS  
STREET ADDRESS 322 N CALHOUN ST  
CITY-ST-ZIP QUINCY FL 32351

TITLE SD ☐ Delete  
NAME CLOUD, FLAKE  
STREET ADDRESS 121 COOL SPRINGS LN  
CITY-ST-ZIP QUINCY FL 32351

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

TITLE TD ☐ Delete  
NAME WHITTLE, W.O.  
STREET ADDRESS 394 TALQUIN AVE  
CITY-ST-ZIP QUINCY FL 32351

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

TITLE D ☒ Delete  
NAME MORRIS, DON  
STREET ADDRESS 322 N CALHOUN ST  
CITY-ST-ZIP QUINCY FL 32351

TITLE D ☒ Change ☐ Addition  
NAME ALLEN MCDEARMID  
STREET ADDRESS 74 KELLY RD  
CITY-ST-ZIP HAVANA, FL 32333

TITLE D ☐ Delete  
NAME POWELL, CHARLES  
STREET ADDRESS 190 POWELL RD  
CITY-ST-ZIP QUINCY FL 32351

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037(9/01)