

# 2001 UNIFORM BUSINESS REPORT (UBR)

8/7/01

**FILED**  
**Aug 22, 2001 8:00 am**  
**Secretary of State**

08-07-2001 90007 029 \*\*\*\*61.50

**DOCUMENT # N00000007077**

1. Entity Name

**CLEARWATER EVENING LIONS FOUNDATION, INC.**

Principal Place of Business

1546 FOXCROFT DRIVE WEST  
 PALM HARBOR FL 34683

Mailing Address

1546 FOXCROFT DRIVE WEST  
 PALM HARBOR FL 34683

2. Principal Place of Business

*SAME*

3. Mailing Address

*SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

*59-3683972*

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

**LAVERY, CHARLES**  
**1546 FOXCROFT DRIVE WEST**  
**PALM HARBOR FL 34683**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>REVELL, JAMES</b>	
STREET ADDRESS	<b>9 S. CORONA AVENUE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33764</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>REVELL, NONA</b>	
STREET ADDRESS	<b>9 S. CORONA AVENUE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33764</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RESSEGGER, ELLSWORTH</b>	
STREET ADDRESS	<b>1304 CARA DRIVE</b>	
CITY-ST-ZIP	<b>LARGO FL 33771</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FRANTOM, WILLIAM</b>	
STREET ADDRESS	<b>1245 UNION STREET</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33765</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ENDICOTT, RONALD</b>	
STREET ADDRESS	<b>2021 NOLAN DRIVE</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>KAUFFMAN, KENNETH</b>	
STREET ADDRESS	<b>1446 WENDMOOR DRIVE</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Endicott* 8-4-01 727-785-5718

CR2E037 (10/00)