

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Handwritten Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-4-01 727-785-5718

CR2E037 (10/00)