

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90020 002 ****61.25

DOCUMENT # N00000007077

1. Entity Name
CLEARWATER EVENING LIONS FOUNDATION, INC.

Principal Place of Business 1546 FOXCROFT DRIVE WEST PALM HARBOR FL 34683	Mailing Address C/O CHARLES H. LAVERY 1365 WEST LAKE BLVD PALM HARBOR FL 34683
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DU151100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1365 West Lake Blvd	3. Mailing Address	4. FEI Number 59-3683972	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State PALM HARBOR, FL	City & State		
Zip 34683	Country USA	Zip	Country

6. Name and Address of Current Registered Agent LAVERY, CHARLES 1546 FOXCROFT DRIVE WEST PALM HARBOR FL 34683	7. Name and Address of New Registered Agent Name: LAVERY, CHARLES Street Address (P.O. Box Number is Not Acceptable): 1365 WEST LAKE BLVD City: PALM HARBOR FL Zip Code: 34683
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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: *Charles H. Lavery* DATE: 9-1-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

After September 13, 2002, min. will be \$236.25.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: REVELL, JAMES STREET ADDRESS: 9 S. CORONA AVENUE CITY-ST-ZIP: CLEARWATER FL 33764	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: REVELL, NONA STREET ADDRESS: 9 S. CORONA AVENUE CITY-ST-ZIP: CLEARWATER FL 33764	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: RESSEGGER, ELLSWORTH STREET ADDRESS: 1304 CARA DRIVE CITY-ST-ZIP: LARGO FL 33771	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: FRANTOM, WILLIAM STREET ADDRESS: 1245 UNION STREET CITY-ST-ZIP: CLEARWATER FL 33755	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: ENDICOTT, RONALD STREET ADDRESS: 2021 NOLAN DRIVE CITY-ST-ZIP: DUNEDIN FL 34698	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: KAUFFMAN, KENNETH STREET ADDRESS: 1446 WENDMOOR DRIVE CITY-ST-ZIP: DUNEDIN FL 34698	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ronald S. Endicott* DATE: 8/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR SIGNING AUTHORITY

CR2E037 (4/02)