

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90197 015 \*\*\*\*61.25

UBR0000

**DOCUMENT # N00000007077**

1. Entity Name  
**CLEARWATER EVENING LIONS FOUNDATION, INC.**



Principal Place of Business  
**1365 WESTLAKE BLVD-  
PALM HARBOR FL 34683  
2021 Nolan Drive  
Dunedin, FL 34698**

Mailing Address  
**C/O CHARLES H. LAVERY Ronald S. Endicott  
1365 WEST LAKE BLVD 2021 Nolan Dr.  
PALM HARBOR FL 34683 Dunedin, FL  
34698**

**11014478**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**2021 Nolan Drive**

3. Mailing Address  
**2021 Nolan Drive**

Suite, Apt. #, etc.

City & State  
**Dunedin, FL**

City & State  
**Dunedin, FL**

Zip  
**34698**

Country  
**USA**

Zip  
**34698**

Country  
**USA**

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  
**LAVERY, CHARLES  
1365 WEST LAKE BLVD  
PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

Name  
**Ronald S. Endicott**

Street Address (P.O. Box Number is Not Acceptable)  
**2021 Nolan Drive**

City  
**Dunedin**

State  
**FL**

Zip Code  
**34698**

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 *Ronald S. Endicott* **Ronald S. Endicott 4/19/03**

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                             |  |
|----------------|-----------------------------|--|
| 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 checked="" 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 checked="" type="checkbox"/> Delete |
| NAME           | <b>FRANTOM, WILLIAM</b>     |  |
| STREET ADDRESS | <b>1245 UNION STREET</b>    |  |
| CITY-ST-ZIP    | <b>CLEARWATER FL 33755</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 checked="" type="checkbox"/> Delete |
| NAME           | <b>KAUFFMAN, KENNETH</b>    |  |
| STREET ADDRESS | <b>1446 WENDMOOR DRIVE</b>  |  |
| CITY-ST-ZIP    | <b>DUNEDIN FL 34698</b>     |  |

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          | <b>D</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>George Tinsley</b>       |  |
| STREET ADDRESS | <b>1625 Golf View Dr.</b>   |  |
| CITY-ST-ZIP    | <b>Belleair, FL 34616</b>   |  |
| TITLE          | <b>P</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Gary Benson</b>          |  |
| STREET ADDRESS | <b>1856 Cameo Way</b>       |  |
| CITY-ST-ZIP    | <b>Clearwater, FL 33756</b> |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          | <b>T</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Frantom, William</b>     |  |
| STREET ADDRESS | <b>1245 Union Street</b>    |  |
| CITY-ST-ZIP    | <b>Clearwater, FL 33755</b> |  |

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* **Ronald S. Endicott 4/19/03 (727) 733-4376**

CR2E037 (10/02)