

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-19-2002 90018 010 ****61.25

DOCUMENT # N01000002931

1. Entity Name

DAYTONA BEACH LIONS CLUB, INC.

Principal Place of Business

Mailing Address

**345 WHITE STREET
 DAYTONA BEACH FL 32114**

**345 WHITE STREET
 DAYTONA BEACH FL 32114**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3724331

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

**HALL, MARK R ESQ
 124 FAULKNER STREET
 NEW SMYRNA BEACH FL 32168**

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 fee 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	President	<input type="checkbox"/> Delete
NAME	Robert Manthey	
STREET ADDRESS	405 Pelican Dr.	
CITY-ST-ZIP	D.B. Ph. 32119	
TITLE	Sec. - Treasurer	<input type="checkbox"/> Delete
NAME	Harold W Needham	
STREET ADDRESS	3000 W. Blvd. # 723	
CITY-ST-ZIP	D.B. Ph. 32118	
TITLE	BOB. Heavy Kress	<input type="checkbox"/> Delete
NAME	1404 Yearling Trail	
STREET ADDRESS	Pt. Orange, Fl. 32119	
CITY-ST-ZIP	32119	
TITLE	BOB	<input type="checkbox"/> Delete
NAME	Engene Speck	
STREET ADDRESS	6124 Del Mar Dr.	
CITY-ST-ZIP	Pt. Orange, FL. 32127	
TITLE	BOB	<input type="checkbox"/> Delete
NAME	Ruth Phaven	
STREET ADDRESS	1250 Blithmore	
CITY-ST-ZIP	Orlando Beach, FL. 32174	
TITLE		<input type="checkbox"/> Delete
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
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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:

HAROLD NEEDHAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02 (386) 255-6812

Date

Daytime Phone #

CR2E037 (9/01)