

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 01, 2002 8:00 am**  
**Secretary of State**

07-01-2002 90352 019 \*\*\*\*61.25

**DOCUMENT # N01000006239**

1. Entity Name

**THE GROVELAND-MASCOTTE LIONS FOUNDATION, INC.**

Principal Place of Business

C/O ALL-RIGHT REALTY, INC.  
 147 E BROAD ST  
 GROVELAND FL 34736

Mailing Address

C/O ALL-RIGHT REALTY, INC.  
 147 E BROAD ST  
 GROVELAND FL 34736

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3736638**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**JANUSIAK, JOSEPH**  
**100 DISSTON AVE**  
**CLERMONT FL 34711**

7. Name and Address of New Registered Agent

Name **JEFFERY KROLL**  
 Street Address (P.O. Box Number is Not Acceptable)

**516 INDIANA AVE**

City **MASCOTTE**

FL

Zip Code

**34753**

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

**4/30/02**

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JUNUSIAK, JOSEPH</b>	
STREET ADDRESS	<b>1000 DISSTON AVE</b>	
CITY-ST-ZIP	<b>CLERMONT FL 34711</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RAMNARIAN, NEVILLE</b>	
STREET ADDRESS	<b>17925 CORALWOOD LN</b>	
CITY-ST-ZIP	<b>GROVELAND FL 34736</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RAMNARIAN, SUABI</b>	
STREET ADDRESS	<b>17925 CORALWOOD LN</b>	
CITY-ST-ZIP	<b>GROVELAND FL 34736</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINDA S. THOMAS</b>	
STREET ADDRESS	<b>14308 MASCOTTE - EMPIRE RD</b>	
CITY-ST-ZIP	<b>GROVELAND, FL 34736</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEFFERY KROLL</b>	
STREET ADDRESS	<b>516 INDIANA AVE</b>	
CITY-ST-ZIP	<b>MASCOTTE, FL 34753</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROY PIKE</b>	
STREET ADDRESS	<b>209 EAST PAMELO ST</b>	
CITY-ST-ZIP	<b>GROVELAND, FL 34736</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
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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/30/02**

Date

Daytime Phone #

CR2E037 (9/01)

Attachment  
# NO1000006239  
118782


June 18, 2002

Florida Department of State  
Division of Corporation  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Dear: Sirs

Enclosed you'll find replacement check issue to you in the amount of \$150.00. You'll also find a copy of the 2002 Uniform Business report that was originally submitted to you last January 8<sup>th</sup> 2002. It appears that you did not received any of the above mentioned since our information has not been updated in your website and records. Please accept the enclosed and adjust the records accordingly. Should you have any question, you may give me a call at 407-932-1922. Thank you.

Sincerely,

  
Virginia Gibson-Barkess  
President  
Lizard Lounge Ink, Inc.