

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 27, 2002 8:00 am  
Secretary of State**

01-27-2002 90012 042 \*\*\*\*61.25

**DOCUMENT # N01273**

1. Entity Name

**LIONS CLUB OF OLDSMAR, INC.**

Principal Place of Business

Mailing Address

**3014 PEPPERWOOD LANE  
CLEARWATER FL 33761  
US****P.O. BOX 1051  
OLDSMAR FL 34677**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1612490**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**DOUGLAS, JOHN W  
3014 PEPPERWOOD LANE  
CLEARWATER FL 33761**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PORCELLI, DOROTHY</b>	
STREET ADDRESS	<b>3113 SR 580 #415</b>	
CITY-ST-ZIP	<b>SAFETY HARBOR FL 34695</b>	

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JUDY, PAUL</b>	
STREET ADDRESS	<b>920 WAVERLY ST</b>	
CITY-ST-ZIP	<b>OLDSMAR FL 34677</b>	

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FARMER, ROWENA</b>	
STREET ADDRESS	<b>264 PELICAN DR. NORTH</b>	
CITY-ST-ZIP	<b>OLDSMAR FL 34677</b>	

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PORCELLI, JOSEPH</b>	
STREET ADDRESS	<b>3113 SR 580 #415</b>	
CITY-ST-ZIP	<b>SAFETY HARBOR FL 34695</b>	

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

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DOUGLAS, JOHN W</b>	
STREET ADDRESS	<b>3014 PEPPERWOOD LN W</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33761</b>	

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

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>SMITHER, JOHN</b>	
STREET ADDRESS	<b>313 FAIRWOOD CT</b>	
CITY-ST-ZIP	<b>OLDSMAR FL 34677</b>	

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

Date

Daytime Phone #

CR2E037 (9/01)