

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01417

1. Entity Name

ENGLEWOOD LIONS CIVIC ASSOCIATION, INC. ✓

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90079 038 ****61.25

Principal Place of Business

4611 PLACIDA RD.
P.O. BOX 5251
ENGLEWOOD FL 34224
US

Mailing Address

P O BOX 5251
ENGLEWOOD FL 34224-5251
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0526380

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

MILLER, GARY D.
9371 HEARTWELLVILLE AVE
ENGLEWOOD FL 34224

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 P
NAME JOHN FINLEY ☐ Delete
STREET ADDRESS 1475 KEYWAY RD
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME BEERS, LARRY W ☐ Delete
STREET ADDRESS 8080 CASA DE MEADOWS DR.
CITY-ST-ZIP ENGLEWOOD FL 34224-9509

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME MILLER, GARY D. ☐ Delete
STREET ADDRESS 9371 HEARTWELLVILLE AVE.
CITY-ST-ZIP ENGLEWOOD FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME GEORGE R DAVIES ☒ Delete
STREET ADDRESS 1685 EDISON DR
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME KWAPIS, ELAINE ☐ Delete
STREET ADDRESS 1575 LORALIN DR.
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME WILDE, ALBERT ☐ Delete
STREET ADDRESS 6601 GASPARILLA PINES BLVD.
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY D. MILLER 7/13/00

Date

Daytime Phone #