

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

FILED
May 09, 2003 8:00 am
Secretary of State

4/2

04-21-2003 91206 021 ****61.25

DOCUMENT # N02000009571

1. Entity Name

THE TICE LIONS FOUNDATION, INC.



Principal Place of Business

P O BOX 50901
TICE FL 33994

Mailing Address

P O BOX 50901
TICE FL 33994

55039243

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

51-0437881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BROCK, MALCOLM
4180 ELLIS ROAD
FT MYERS FL 33905

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	NAME	MCGARITY, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS			4325 ORANGEWOOD AVE	
CITY-ST-ZIP			FT MYERS FL 33905	
TITLE	D	NAME	BROCK, STACY	<input type="checkbox"/> Delete
STREET ADDRESS			4180 ELLIS ROAD	
CITY-ST-ZIP			FT MYERS FL 33905	
TITLE	D	NAME	LANYON, TERRY	<input type="checkbox"/> Delete
STREET ADDRESS			3240 EDGEWOOD AVE	
CITY-ST-ZIP			FT MYERS FL 33916	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES UNDERWOOD SR	
STREET ADDRESS	4640 UNDERWOOD DR.	
CITY-ST-ZIP	FT MYERS, FL 33905	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALCOLM C. BROCK	
STREET ADDRESS	4180 ELLIS ROAD	
CITY-ST-ZIP	FT MYERS, FL 33905	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAK ROBERTS	
STREET ADDRESS	207 GRANADA BLVD	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEON CREWS	
STREET ADDRESS	4730 LONG LAKE DR	
CITY-ST-ZIP	FT MYERS, FL 33905	
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)(l), 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:

MALCOLM C. BROCK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/03

239 6943477

CR2E037 (10/02)