

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90069 036 *****61.25

0049530

DOCUMENT # N03361

1. Entity Name

TOWN AND COUNTRY LIONS CLUB, INC.

Principal Place of Business

Mailing Address

% DUANE E. GROSE
 354 GREGORY ROAD
 WEST PALM BEACH FL 33405-4910

% DUANE E. GROSE
 354 GREGORY ROAD
 WEST PALM BEACH FL 33405-4910

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6169864

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GROSE, DUANE E
 354 GREGORY ROAD
 WEST PALM BEACH FL 33405-4910**

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**

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** ☒ Delete
 NAME **BRINKMAN, PAUL**
 STREET ADDRESS **6858 OSBORNE DRIVE**
 CITY-ST-ZIP **LANTANA FL 33462**

TITLE **P** ☒ Change ☐ Addition
 NAME **WILLIAM WYGANT**
 STREET ADDRESS **815 NORTH 'C' STREET**
 CITY-ST-ZIP **LAKE WORTH, FL 33460**

TITLE **S** ☒ Delete
 NAME **ENGEL, BARBARA**
 STREET ADDRESS **3588 N. LIBBY DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **S** ☒ Change ☐ Addition
 NAME **JUDY LOVELESS**
 STREET ADDRESS **262 WALKER AVE #1**
 CITY-ST-ZIP **GREENACRES, FL 33463**

TITLE **T** ☐ Delete
 NAME **GROSE, DUANE**
 STREET ADDRESS **354 GREGORY ROAD**
 CITY-ST-ZIP **WEST PALM BEACH FL 33405**

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

TITLE **VP** ☐ Delete
 NAME **WINTER, JOYCE**
 STREET ADDRESS **3571 N LIBBY DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

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

TITLE **D** ☐ Delete
 NAME **BASIL, EMIL**
 STREET ADDRESS **3074 MEADOW RD.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

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

TITLE **D** ☒ Delete
 NAME **THIBODEAU, RICHARD**
 STREET ADDRESS **1134A SUMMIT TRAIL CIRCLE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **D** ☒ Change ☐ Addition
 NAME **WAYNE LOVELESS**
 STREET ADDRESS **262 WALKER AVE #1**
 CITY-ST-ZIP **GREENACRES, FL 33463**

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:

DUANE E. GROSE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01
 Date

561-585-2829
 Daytime Phone #

CR2E037 (10/00)