

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90070 012 \*\*\*\*61.25

**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 **WYGANT, WILLIAM**  
 STREET ADDRESS **815 NORTH 'C' STREET**  
 CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **P** ☒ Change ☐ Addition  
 NAME **LOVELESS, H. WAYNE**  
 STREET ADDRESS **262 WALKER AVE #1**  
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **S** ☐ Delete  
 NAME **LOVELESS, JUDY**  
 STREET ADDRESS **262 WALKER AVE #1**  
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **T** ☐ Change ☐ Addition  
 NAME **BETTE S. WILSON**  
 STREET ADDRESS **3553 N. Libby Dr**  
 CITY-ST-ZIP **West Palm Beach, FL 33415**

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

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

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

TITLE **D** ☒ Change ☐ Addition  
 NAME **PAUL BRINKMAN**  
 STREET ADDRESS **6858 OSBORNE DRIVE**  
 CITY-ST-ZIP **LANTANA, FL 33462**

TITLE **D** ☒ Delete  
 NAME **LOVELESS, WAYNE**  
 STREET ADDRESS **262 WALKER AVE #1**  
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Ed Adamko**  
 STREET ADDRESS **47 ANDROS RD**  
 CITY-ST-ZIP **PALM SPRINGS, FL 33461**

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 an officer like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 11, 2002

Date

561-585-2829

Daytime Phone #

CR2E037 (9/01)