

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90045 006 ****61.25

DOCUMENT # N04459

1. Entity Name

CRYSTAL RIVER LIONS CLUB, INC.

Principal Place of Business

865 NE HIGHWAY 19
 PO BOX 278
 CRYSTAL RIVER FL 34423-0278
 US

Mailing Address

P O BOX 278
 CRYSTAL RIVER FL 34423-0278
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2708468

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STEPHENS, HAROLD B.
825 N. CITRUS AVE.
CRYSTAL RIVER FL

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.

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BALLIEN, HERBERT	
STREET ADDRESS	113 N POMPEO AVE	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FREDERICK, STEVEN	
STREET ADDRESS	7012 PINEBROOK	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEARCE, SANDRA	
STREET ADDRESS	23 S. WASHINGTON ST	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUMAS, BROWN	
STREET ADDRESS	291 S. GARDENIA TERRACE	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRUGGINK, L L	
STREET ADDRESS	1179 N LION CLUB PT	
CITY-ST-ZIP	LECANOT FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRUGGINK, MARION J	
STREET ADDRESS	1179 N LION CUB PT	
CITY-ST-ZIP	LECANO FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Signature Required

3/21/00

352-795-6639

CR2E037 (9/99)