

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05864

1. Entity Name

PORT MALABAR "NOONERS" LIONS CLUB, INC.

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90007 016 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1425 SCEPTOR CT NE  
PO BOX 61476  
PALM BAY FL 32906  
US

PO BOX 61476  
PALM BAY FL 32906-1476  
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

50-2609982

☒ 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

SEYFERT, GEORGE A.  
1425 SCEPTOR CT, NE  
PALM BAY FL 32905

Name

**SAME**

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 PD ☒ Delete  
NAME SHEARD, JOHN  
STREET ADDRESS 1549 WALDORF CIR. NE  
CITY-ST-ZIP PALM BAY FL 32905

TITLE ~~RD~~ ☒ Change ☐ Addition  
NAME ~~CYNTHIA FRANK~~  
STREET ADDRESS ~~1687 AVERY RD NE~~  
CITY-ST-ZIP ~~PALM BAY, FL 32905~~

TITLE TD ☐ Delete  
NAME SEYFERT, GEORGE A.  
STREET ADDRESS 1425 SCEPTOR CT, NE  
CITY-ST-ZIP PALM BAY FL 32905

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

TITLE VD ☐ Delete  
NAME HARBRIDGE  
STREET ADDRESS 1540 WALLACE CIR NE  
CITY-ST-ZIP PALM BAY FL 32905

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

TITLE PD ☐ Delete  
NAME FRANK, CYNTHIA  
STREET ADDRESS 1687 AVERY RD, NE  
CITY-ST-ZIP PALM BAY FL 32905

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition  
NAME GEORGE A. SEYFERT  
STREET ADDRESS 1425 SCEPTOR CT NE  
CITY-ST-ZIP PALM BAY FL 32905

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**  
**GEORGE A. SEYFERT**  
**SD**

**1/7/99**

**321-723-0930**

Date

Daytime Phone #

CR2E037 (9/99)