

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06029

1. Entity Name

COTEE RIVER LIONS CHARITIES, INC.

FILED

Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90046 025 ****61.25

A0021126



DO NOT WRITE IN THIS SPACE

Principal Place of Business
8320 PLATHE RD
NEW PORT RICHEY FL 34653
US

Mailing Address
P.O. BOX 773
NEW PORT RICHEY FL 34656-0773
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2468138**

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

BALOGH, FRANK
14821 CASSANDRA DR
ODESSA FL 33556

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 _____ (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	<input checked="" type="checkbox"/> Delete
NAME	CRANE, GILFORD	
STREET ADDRESS	7423 FAIRWOOD AVE	
CITY-ST-ZIP	NEW PT RICHEY FL 34653	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BALOGH, FRANK	
STREET ADDRESS	14821 CASSANDRA DR	
CITY-ST-ZIP	ODESSA FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HUBER, KENNETH E	
STREET ADDRESS	11207 SALT TREE LN	
CITY-ST-ZIP	NEW PORT RICHEY FL 34668	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRILL, JOHN A	
STREET ADDRESS	10038 BEEFMASTER CT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AMOR, DANIEL D	
STREET ADDRESS	7026 BAILIE DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCNEILL, CHERYL	
STREET ADDRESS	5604 ANTELOPE LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL	

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIZ PHILLIPS	
STREET ADDRESS	PO Box 3148	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES GALLAGHER	
STREET ADDRESS	10130 OAK HILL DR	
CITY-ST-ZIP	PORT RICHEY FL 34667	
TITLE	S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOROTHEA GRILL	
STREET ADDRESS	10038 BEEFMASTER CT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
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	JOANNE HALL	
STREET ADDRESS	7316 ISLANDER LN	
CITY-ST-ZIP	HUDSON, FL 34667	

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 another like empowered.

SIGNATURE:

DOROTHEA GRILL

1-26-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)