

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90274 025 \*\*\*\*61.25

**DOCUMENT # N06029**

1. Entity Name

**COTEE RIVER LIONS CHARITIES, INC.**

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 &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2468138**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BALOGH, FRANK  
14821 CASSANDRA DR  
ODESSA FL 33556**

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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PHILLIPS, LIZ</b>	
STREET ADDRESS	<b>PO BOX 3148</b>	
CITY-ST-ZIP	<b>HOLIDAY FL 34690</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GALLAGHER, JAMES</b>	
STREET ADDRESS	<b>10130 OAK HILL DR</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>GRILL, DOROTHEA</b>	
STREET ADDRESS	<b>10038 BEEFMASTER CT</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34655</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRILL, JOHN A</b>	
STREET ADDRESS	<b>10038 BEEFMASTER CT</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34655</b>	

TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>AMOR, DANIEL D</b>	
STREET ADDRESS	<b>7026 BAILLIE DR</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>MCNEILL, CHERYL</b>	
STREET ADDRESS	<b>5604 ANTELOPE LANE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRILL, JOHN A</b>	
STREET ADDRESS	<b>10038 BEEFMASTER CT</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34655</b>	

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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRANE, GILFOLD</b>	
STREET ADDRESS	<b>7423 FAIRWOOD AVE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>	

TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALLAGHER, RAE</b>	
STREET ADDRESS	<b>10130 OAK HILL DR</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	

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 #

CR2E037 (10/00)