

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90067 027 \*\*\*\*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 & State

City & 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

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

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 **GRILL, JOHN A**  
 STREET ADDRESS **10058 BEEFMASTER CT**  
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **President** ☒ Change ☐ Addition  
 NAME **Charles Phillips**  
 STREET ADDRESS **PO BOX 3148**  
 CITY-ST-ZIP **Holmdel FL 34690**

TITLE **D** ☒ Delete  
 NAME **GALLAGHER, JAMES**  
 STREET ADDRESS **10130 OAK HILL DR**  
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **Vice President** ☐ Change ☐ Addition  
 NAME **Catherine Gearhart**  
 STREET ADDRESS **5539 Redhawk Dr**  
 CITY-ST-ZIP **New Port Richey FL 34655**

TITLE **SD** ☒ Delete  
 NAME **GRILL, DOROTHEA**  
 STREET ADDRESS **10038 BEEFMASTER CT**  
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **Secretary** ☒ Change ☐ Addition  
 NAME **Kenneth E. Huber**  
 STREET ADDRESS **11538 Lakeview Dr**  
 CITY-ST-ZIP **New Port Richey FL 34654**

TITLE **D** ☐ Delete  
 NAME **CRANE, GILFORD**  
 STREET ADDRESS **7423 FAIRWOOD AVE**  
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **Treasurer** ☐ Change ☐ Addition  
 NAME **Cheryl L. McNeill**  
 STREET ADDRESS **5604 Antelope Ln**  
 CITY-ST-ZIP **New Port Richey FL 34653**

TITLE **VP** ☒ Delete  
 NAME **GALLAGHER, RAE**  
 STREET ADDRESS **10130 OAK HILL DR**  
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **President** ☒ Change ☐ Addition  
 NAME **Rae Gallagher**  
 STREET ADDRESS **10130 Oak Hill Dr**  
 CITY-ST-ZIP **Port Richey FL 34668**

TITLE **TD** ☒ Delete  
 NAME **MCNEILL, CHERYL**  
 STREET ADDRESS **5604 ANTELOPE LANE**  
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **Director** ☐ Change ☐ Addition  
 NAME **Joe Caggiano**  
 STREET ADDRESS **5708 Lagooon Dr**  
 CITY-ST-ZIP **New Port Richey FL 34655**

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:

**Cheryl L. McNeill Treasurer** 4/10/02 727-786-6677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)