

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

07-19-2001 90235 021 \*\*\*\*61.75

0014634

**DOCUMENT # N06790**

1. Entity Name

**VENICE LIONS CLUB, INC.**

Principal Place of Business

1289 JACARANDA BOULEVARD  
 VENICE FL 34292-4522  
 US

Mailing Address

1289 JACARANDA BOULEVARD  
 VENICE FL 34292-5422  
 US

*(Handwritten initials)*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-7215449**

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

**KORP, WILLIAM R**  
**333 MIAMI TRAIL**  
**VENICE FL 34285**

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**  
**After September 12, 2001, min. will be \$236.25**

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 NAME	<b>P</b> <b>CRANE, MICHAEL A</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>1330 INDUS RD</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE NAME	<b>S</b> <b>ASHWORTH, JOHNNY C</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>960 JAMAICA RD</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE NAME	<b>TD</b> <b>MATTSON, DAVID W.</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>355 CYPRESS RD</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	
TITLE NAME	<b>D</b> <b>LEON, CHARLES</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3203 MEADOW RUN DR</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE NAME	<b>D</b> <b>PICK, JEFFREY</b>	<input checked="" type="checkbox"/> Delete <i>OK</i>
STREET ADDRESS	<b>P O BOX 815</b>	
CITY-ST-ZIP	<b>VENICE FL 34284</b>	
TITLE NAME	<b>D</b> <b>LYNCH, EDWARD</b>	<input checked="" type="checkbox"/> Delete <i>OK</i>
STREET ADDRESS	<b>760 BIRD BAY DRIVE</b>	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	

TITLE NAME	<b>NAMIKAS, RICHARD R</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>524 BELLAIRE DR</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE NAME	<b>CAROL STEENSEN</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>514 CATALINA ISLES</b>	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*(Handwritten Signature)*

*7-13-01 941-493-3931*

CR2E037 (5/01)