

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90004 021 ****61.25

DOCUMENT # N06790

1. Entity Name

VENICE LIONS CLUB, INC.

Principal Place of Business

Mailing Address

**1289 JACARANDA BOULEVARD
 VENICE FL 34292-4522
 US**

**1289 JACARANDA BOULEVARD
 VENICE FL 34292-5422
 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

23-7215449

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

**KORP, WILLIAM R
 333 S. TAMiami 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

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 **NAMIKAS, RICHARD R**
 STREET ADDRESS **524 BELLAIRE DRIVE**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **President** ☒ Change ☐ Addition
 NAME **Kruger, Beverly A**
 STREET ADDRESS **1302 Mango Rd,**
 CITY-ST-ZIP **Venice, FL 34292**

TITLE **S** ☐ Delete
 NAME **STEENSEN, CAROL**
 STREET ADDRESS **514 CATALINA ISLES**
 CITY-ST-ZIP **VENICE FL 34292**

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

TITLE **TD** ☐ Delete
 NAME **MATTSON, DAVID W.**
 STREET ADDRESS **355 CYPRESS RD**
 CITY-ST-ZIP **VENICE FL**

TITLE ☐ Change ☒ Addition
 NAME **Burtwell, Robert Director**
 STREET ADDRESS **1306 Nokomis Ave**
 CITY-ST-ZIP **Venice, FL 34285**

TITLE **D** ☐ Delete
 NAME **LEON, CHARLES**
 STREET ADDRESS **3203 MEADOW RUN DR**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ Change ☒ Addition
 NAME **Warren Schimmell Director**
 STREET ADDRESS **260 Allamanda**
 CITY-ST-ZIP **Venice, FL 34275**

TITLE **D** ☒ Delete
 NAME **PICK, JEFFREY**
 STREET ADDRESS **P O BOX 815**
 CITY-ST-ZIP **VENICE FL 34284**

TITLE ☒ Change ☐ Addition
 NAME **Director**
 STREET ADDRESS **Button, Roger**
 CITY-ST-ZIP **2118 Muskogee Tr
 Nokomis, FL 34275**

TITLE **D** ☐ Delete
 NAME **LYNCH, EDWARD**
 STREET ADDRESS **760 BIRD BAY DRIVE**
 CITY-ST-ZIP **VENICE FL 34292**

TITLE ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS **Cooper, D Allen**
 CITY-ST-ZIP **306 Degas Dr
 Nokomis FL 34275**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617, 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:

Carol M Steensen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2001
 Date

941-492-3931
 Daytime Phone #

CR2E037 (9/01)