

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90485 033 \*\*\*\*61.25

**DOCUMENT # N08139**

1. Entity Name  
**LIONS CLUB OF PORT ST. LUCIE, FLORIDA, INC.**

Principal Place of Business                      Mailing Address

C/O ROBERT JAMES                                      C/O ROBERT JAMES  
 3777 SAGE COURT                                      3777 SAGE COURT  
 PORT ST LUCIE FL 34952                              PT. ST. LUCIE FL 34952-3101  
 US    US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business                      3. Mailing Address

**P.O Box 85-726**                                      **P.O Box 85-7126**

Suite, Apt. #, etc.                                      Suite, Apt. #, etc.

City & State                                      City & State

**Port St Lucie, FL**                                      **Port St Lucie, FL**

Zip                                      Country                                      Zip                                      Country

**34985**                                      **US**                                      **34985**                                      **US**

4. FEI Number                                      Applied For

**51-0153017**                                       Not Applicable

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

6. Name and Address of Current Registered Agent

**MORIN, SHIRLEY**  
**501 S.W. DWIGHT AVE**  
**PT. ST. LUCIE FL 34983**

7. Name and Address of New Registered Agent

Name **Helen h. Reinhart**

Street Address (P.O. Box Number is Not Acceptable) **1401 SE Cambridge Dr**

City **Port St. Lucie FL**                      Zip Code **34952**

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 **Helen L. Reinhart, secretary Helen h. Reinhart**                      DATE **4/24/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	VP	<input checked="" type="checkbox"/> Delete
NAME	REINHART, ALBERT	
STREET ADDRESS	1401 SE CAMBRIDGE DRIVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ARMELL, JESSE J JR	
STREET ADDRESS	801 S. OCEAN DR / APT 1204	
CITY-ST-ZIP	FT PIERCE FL 34954	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HULL, JACQUELINE	
STREET ADDRESS	610 MARION AVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JAMES, ROBERT	
STREET ADDRESS	3777 SAGE COURT	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOLLINS, CARL	
STREET ADDRESS	1792 SW COCHRAN AVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MORIN, SHIRLEY	
STREET ADDRESS	501 S.W. DWIGHT AVE	
CITY-ST-ZIP	PT ST LUCIE FL 34983	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Pawlus	
STREET ADDRESS	2852 TROUVOIS AVE	
CITY-ST-ZIP	Fort Pierce, FL 34986	
TITLE	V.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKIE HULL	
STREET ADDRESS	610 MARION AVE	
CITY-ST-ZIP	PORT ST. LUCIE, FL, 34983	
TITLE	2nd V.P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCILLE HOWARD	
STREET ADDRESS	497 S.W. HOMELAND RD	
CITY-ST-ZIP	PORT ST. LUCIE, FL, 34983	
TITLE	3rd V.P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOB MINSKY	
STREET ADDRESS	1002 S.W. BURTIS ST	
CITY-ST-ZIP	PORT ST. LUCIE, FL, 34983	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Helen Reinhart	
STREET ADDRESS	1401 SE Cambridge Dr	
CITY-ST-ZIP	PORT ST LUCIE, FL, 34952	

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: **Helen L. Reinhart**                      **Helen h. Reinhart**                      DATE **4/24/00**                      Daytime Phone # **561-337-3909**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)

11. (cont.)

DIRECTOR

HAROLD BRIGHT  
5 SILVER OAK LANE  
PORT ST LUCIE, FL., 34952

DIRECTOR

JOHN DELLAVEDOVA  
102 S.W. MAJESTIC TER.  
PORT ST. LUCIE, FL., 34984

DIRECTOR

ARTHUR BAPTISTE  
1674 S.E. DOME CIRCLE  
PORT ST. LUCIE, FL., 34952

DIRECTOR

CAROLYN PULS  
4482 W. MIDWAY RD  
FT PIERCE, FL., 34981

@Hack.  
C0078568  
#N08139