

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
Jul 10, 2001 8:00 am
Secretary of State

04-12-2001 90548 012 ****61.25

DOCUMENT # N08139

1. Entity Name

LIONS CLUB OF PORT ST. LUCIE, FLORIDA, INC.

Principal Place of Business

PO BOX 85-7126
 PORT SAINT LUCIE FL 34985
 US

Mailing Address

PO BOX 85-7126
 PORT SAINT LUCIE FL 34985
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0153017

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

REINHART, HELEN L
1401 SE CAMBRIDGE DR.
PORT SAINT LUCIE FL 34952

7. Name and Address of New Registered Agent

Name **Jackie Hull**
 Street Address (P.O. Box Number is Not Acceptable)
610 Marion Ave.
 City **Port St. Lucie** FL Zip Code **34983**

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

Jackie Hull

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW:
FEE IS \$81.25

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 NAME STREET ADDRESS CITY-ST-ZIP	VPD INNSKY, BOB 1002 SW CURTIS ST. PORT SAINT LUCIE FL 34983	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAWLUS, RICHARD 2852 IROUOUISS AVE. PORT SAINT LUCIE FL 34988	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HULL, JACKIE 610 MARION AVE PORT ST LUCIE FL 34983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOWARD, LUCILLE 497 SW HOMELAND RD. PORT SAINT LUCIE FL 34983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLLINS, CARL 1792 SW COCHRAN AVE PORT ST LUCIE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REINHART, HELEN 1401 SE CAMBRIDGE DR. PORT SAINT LUCIE FL 34952	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Harriet Friedstein 5017 S.E. Kilmalie Ct Port St. Lucie, FL 34952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Fred Haefner 457 N.E. Armory Circle Port St. Lucie, FL 34983	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Jackie Hull 610 Marion Ave Port St. Lucie 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Shirley Morin 501 SW Dwight Ave Port St. Lucie, FL 34983	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Carl Hollins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jackie Hull 4/10/01 (561) 874-9676

CR2007 (10/00)