

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90031 018 ****61.25

DOCUMENT # N09394

1. Entity Name

WINTER HAVEN LIONS EYESIGHT CONSERVATION FOUNDAT

Principal Place of Business

820 AVENUE L. S.W.
 WINTER HAVEN FL 33880
 US

Mailing Address

PO BOX 9015
 WINTER HAVEN FL 33883-9015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2596897

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

PECK, CHARLES S
 100 NORTH LAKE ELOISE
 WINTER HAVEN FL 33884

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TD
 ROLF, LELAND S., JR.
 1034 BILTMORE DRIVE
 WINTER HAVEN FL 33881 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SD
 PECK, CHARLES
 100 N. LAKE ELOISE
 WINTER HAVEN FL 32884 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 ADDRESS CORRECTION ONLY ☐ Change ☐ Addition
 CORRECT ZIP CODE 33884

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 GUENTHER, ROBERT C
 4418 MAHOGANY RUN SE
 WINTER HAVEN FL 33884 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 RAY, POITRAS
 321 AVENUE B N.E.
 WINTER HAVEN, FL 33881 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 BISHOP, CHARLES
 1502 BUCKEY RD. N.E. #2
 WINTER HAVEN FL 33881 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VD
 BARLOW, KEVIN
 4650 SHERWOOD LN
 LAKELAND FL 33813 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 TAYLOR, WILLIAM
 1338 W. MILLSITE DR
 WINTER HAVEN FL 33880 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD (TITLE ONLY)
 TAYLOR, WILLIAM
 1338 W. MILLSITE DR.
 WINTER HAVEN, FL 33880 ☒ Change ☐ Addition

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LELAND S. ROLF, JR. 1/29/01 965-2217 (863)

Date

Daytime Phone #

CR2E037 (10/00)