## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N11125 1. Entity Name VENICE LIONS CLUB FOUNDATION, INC.

VENICE LIONS CLUB FOUNDATION, INC.

Principal Place of Business

1289 Jacaranda BLVD Venice FL <del>32402 4522 -</del>

Suite, Apt. #, etc.

342<u>92-45</u>22

NAME

STREET ADDRESS

CITY-ST-ZIP

2. Principal Place of Business

Mailing Address

1289 JACARANDA BLVD VENICE FL <del>84292-4522</del>-

3. Mailing Address

City & State

Suite, Apt. #, etc.

FILED

02-07-2000 90018 003 \*\*\*\*61.25

Feb 07, 2000 8:00 am Secretary of State

DO NOT WRITE IN THIS SPACE

City & State

4. FEI Number

59-2583544

Applied For
Not Applicable

Zip
1292-4522

Country

5. Certificate of Status Desired
Fee Required

6. Name and Address of Current Registered Agent

Name

Name

Street Address (P.O. Box Number is Not Acceptable)

333 S. TAMIAMI TRAIL VENICE FL 34285

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.

Trust Fund Contribution.

かからいをあり たいなうがかれ SIGNATURE

FILE NOW:

LYNCH, EDWARD

VENICE FL 34292

760 BIRD BAY DR,W

FEE IS \$61.25

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

ele. (NOTE: Registered Agent signature required when reinstating)

City

9. Election Campaign Financing \_\_\_ \$5.00 May Be

Added to Fees

Make Check Payable to Department of State

DATE

FI

Zip Code

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ★ Addition Delete TITLE ☐ Change TITLE MICHAEL A. CRANE MCGILLICUDDY, BARBARA NAME NAME INDUS ROAD STREET ADDRESS 1330 STREET ADDRESS 323 TRINITY RD CITY-ST-ZIP CITY-ST-ZIP VENICE, FL 34293 VENICE FL 34293 Addition X Delete TITLE ☐ Change TITLE C. ASHWORTH YNNHOT NAME STEENSEN, CAROL NAME ROAD 960 JAMICA STREET ADDRESS STREET ADDRESS 514 CATALINA ISLES CIR CITY-ST-ZIP->> CITY-ST-ZIP-F VENICETEL *34:29*3 VENICE FL 34292 ☐ Change ☐ Delete TITLE Addition TITLE COOPER, D A NAME NAME STREET ADDRESS STREET ADDRESS 306 DEGAS DR CITY-ST-7IP CITY-ST-ZIP NOKOMIS FL 34275 Change ☐ Addition TITLE Defete TITLE KIRKEENG, ALF E. NAME NAME STREET ADDRESS STREET ADDRESS 1260 COVEY COURT CITY-ST-ZIP CITY-ST-ZIP VENICE FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Leon, Charles NAME STREET ADDRESS STREET ADDRESS 3202 MEADOW RUN DR CITY-ST-7IP CITY-ST-7IP VENICE FL 34293 TITLE ☐ Defete TITLE Change Addition

12. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: alf GARWEREQUIRADE E. KIRKEEN G, FEBRUARY 2, 2000-941-491-