

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90003 035 ****61.25

0077486

DOCUMENT # N11125

1. Entity Name

VENICE LIONS CLUB FOUNDATION, INC.

Principal Place of Business

Mailing Address

1289 JACARANDA BLVD
 VENICE FL 32492-4522
 US

1289 JACARANDA BLVD
 VENICE FL 32492-4522
 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

59-2583544

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., ESQ.
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 NAME STREET ADDRESS CITY-ST-ZIP	P CRANE, MICHAEL A 1330 INDUS ROAD VENICE FL 34293	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ASHWORTH, JOHNNY C 960 JAMILA ROAD VENICE FL 34293	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, D A 306 DEGAS DR NOKOMIS FL 34275	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIRKEENG, ALF E. 1260 COVEY COURT VENICE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEON, CHARLES 3202 MEADOW RUN DR VENICE FL 34293	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, EDWARD 760 BIRD BAY DR.W VENICE FL 34292	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAMIKAS, RICHARD R 524 BELLAIR DR VENICE FL 34293	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEENSEN, CAROL M 514 CATALINA ISLES VENICE FL 34292	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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:

Carol M Steensen
STEENSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-01 941-492-331

CR2E037 (10/00)