

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90004 020 ****61.25

DOCUMENT # N11125

1. Entity Name

VENICE LIONS CLUB FOUNDATION, INC.

Principal Place of Business

**1289 JACARANDA BLVD
VENICE FL 32492-4522
US**

Mailing Address

**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 **P** ☒ Delete
NAME **NAMIKAS, RICHARD R**
STREET ADDRESS **524 BELLAIRE DR**
CITY-ST-ZIP **VENICE FL 34293**

TITLE **Kruger, Beverly President** ☒ Change ☐ Addition
NAME **1302 Mango Rd**
STREET ADDRESS **Venice, FL 34292**
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **STEENSEN, CAROL M**
STREET ADDRESS **514 CATALINA ISLES**
CITY-ST-ZIP **VENICE FL 34292**

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

TITLE **D** ☐ Delete
NAME **COOPER, D A**
STREET ADDRESS **306 DEGAS DR**
CITY-ST-ZIP **NOKOMIS FL 34275**

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

TITLE **T** ☐ Delete
NAME **KIRKEENG, ALF E.**
STREET ADDRESS **1260 COVEY COURT**
CITY-ST-ZIP **VENICE FL**

TITLE ☐ Change ☒ Addition
NAME **Warren Schimmell Director**
STREET ADDRESS **260 Allamanda**
CITY-ST-ZIP **Venice, FL 34275**

TITLE **D** ☐ Delete
NAME **LEON, CHARLES**
STREET ADDRESS **3202 MEADOW RUN DR**
CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ Change ☒ Addition
NAME **Burtwell, Robert Director**
STREET ADDRESS **1306 Nokomis Ave**
CITY-ST-ZIP **Venice, FL 34285**

TITLE **D** ☐ Delete
NAME **LYNCH, EDWARD**
STREET ADDRESS **760 BIRD BAY DR,W**
CITY-ST-ZIP **VENICE FL 34292**

TITLE ☐ Change ☒ Addition
NAME **Button, Roger Director**
STREET ADDRESS **2118 Muskogee Tr**
CITY-ST-ZIP **Nokomis, FL 34275**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/2002

941-493-3931

CR2E037 (9/01)