

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90082 027 ****61.25

DOCUMENT # N12265

1. Entity Name

JENSEN BEACH LIONS CLUB, INC.

Principal Place of Business

Mailing Address

LANGFORD PARK
ROUTE 707
JENSEN BEACH FL 34957

P O BOX 486
JENSEN BEACH FL 34958
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

59-2611525

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

MENZIES, DAVID G.
1637 NE NAUTICAL PL
APT. 804
JENSEN BEACH FL 34957

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 ☐ Delete
NAME **PANGRAZRI, ALBERT**
STREET ADDRESS **3344 NE SANDRA DRIVE**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE ☐ Change ☒ Addition
NAME **1VP SANSREGRET, MICHEL**
STREET ADDRESS **1504 NE 24TH ST**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE ☒ Delete
NAME **TAYLER, JAMES B**
STREET ADDRESS **2469 NE 18TH COURT**
CITY-ST-ZIP **JENSEN BCH FL 34957**

TITLE ☐ Change ☒ Addition
NAME **2VP ZSIGA, PETER**
STREET ADDRESS **364 EMELIA WAY**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE ☐ Delete
NAME **RAGOSA, DENNIS**
STREET ADDRESS **7885 SADDLEBROOK DRIVE**
CITY-ST-ZIP **PT. ST. LUCIE FL 34886**

TITLE ☐ Change ☒ Addition
NAME **D JACKSON, PAUL R**
STREET ADDRESS **1375 NE DIXIE HWY**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE ☐ Delete
NAME **SD MENZIES, DAVID G**
STREET ADDRESS **1637 NE NAUTICAL PLACE**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE ☐ Change ☒ Addition
NAME **D IRENE THOMAS**
STREET ADDRESS **3854 BARBARA DR**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE ☐ Delete
NAME **TD PREISS, THOMAS L**
STREET ADDRESS **10 BANYAN DR**
CITY-ST-ZIP **JENSEN BCH FL 34957**

TITLE ☐ Change ☒ Addition
NAME **D JAMES P. SCHWEIKERT**
STREET ADDRESS **2981 NE PINE CREST LANE BLVD**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE ☒ Delete
NAME **3VPD LAMBEAU, VICTOR**
STREET ADDRESS **4 N 4TH STREET**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE ☐ Change ☒ Addition
NAME **D WILLIAM H. STEVENS**
STREET ADDRESS **8765 W 37TH ST**
CITY-ST-ZIP **PALM CITY FL 34990**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/02 772-334-7412

CR2E037 (9/01)