

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90036 023 ****61.25

DOCUMENT # N14716

1. Entity Name

RIBAUT LIONS CLUB HOLDING CORPORATION

Principal Place of Business

Mailing Address

2040 RIVERVIEW ST.
P.O. BOX 9441
JACKSONVILLE FL 32208
US

P.O. BOX 9441
P.O. BOX 9441
JACKSONVILLE FL 32208-0441
US

2. Principal Place of Business

2040 Riverview St.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 9441
Suite, Apt. #, etc.

City & State

Jacksonville, FL - 32208
Zip 32208 Country U.S.A.

City & State

Jacksonville, FL - 32208
Zip 32208 Country U.S.A.

4. FEI Number

59-6152437

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUGGER, AZALEE
1436 BELLSHORE CIR
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

Name Katherine Kelley
Street Address (P.O. Box Number is Not Acceptable) 515 E. 61st Street
City Jacksonville FL Zip Code 32208

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 Azalee Dugger

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

(NOTE: Registered Agent signature required when reinstating)

May 2, 2000

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DEAN, RUSSEL W	
STREET ADDRESS	9031 4TH AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HICKEN, DAVID W.	
STREET ADDRESS	4793 LANNIE RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, MARIE	
STREET ADDRESS	8232 WHITE PLAINS RD	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DUGGER, AZALEE	
STREET ADDRESS	RT. 1 BOX 2350	
CITY-ST-ZIP	GLENN ST. MARY FL 32040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dugger, Azalee	
STREET ADDRESS	1436 Bellshore Circle	
CITY-ST-ZIP	Jacksonville, FL - 32218	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelley, Wayne	
STREET ADDRESS	515 E. 61st Street	
CITY-ST-ZIP	Jacksonville, FL - 32208	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morris, Marie	
STREET ADDRESS	8232 White Plains Rd.	
CITY-ST-ZIP	Jacksonville, FL - 32208	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelley, Katherine	
STREET ADDRESS	515 E. 61st Street	
CITY-ST-ZIP	Jacksonville, FL - 32208	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

5-2-00 (904) 764-1517

Date

Daytime Phone #

CR2E037 (9/99)