2/

2001 UNIFORM BUSINESS REPORT (UBR)

<u>, </u>				l	viar uð. Z	uui a	:uu a	ım
DOCUMENT # N14716 1. Entity Name					Secretary of State 02-03-2001 90023 003 ****61.25			
RIBAULT	r Lions Club Holding Co	RPORATION	V		02-03-2001 900	23 003 ***	*61.25	
Principal Plac	e of Business							
2040 RIVERVIEW ST. JACKSONVILLE FL 32208 US		P.O. BOX 9441 JACKSONVILLE FL 32208-9441 US		-				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Numbe	4. FEI Number 59-6152437 Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Ad	ditional	1
	- 6. Name and Address of Current	Registered Agent		7. Name and	Address of New Registers			المراد
			Name_					
					e Kelley			4
DUGGER, AZALEE			Street /	Street Address (P.O. Box Number is Not Acceptable)				
	LSHORE CIR							1
JACKSON	IVILLE FL 32218				515 East 61st Street			
			City	Jacksony	_{/ille} F	L Zip Cod 3220	ាំន រិន	1
8. The above	named entity submits this statement fo	the purpose of changing its r	egistered office o	or registered agent, or bo	th, in the state of Florida.			
			-					1
SIGNATURE	Korleine C. Keller	Kather	ine Kell	ey, Treas.	January 3	. 2001		1
7	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signs	ture required when reinstating)	DAT	Ē		Ì
					r 			┪
FILE NOW: 9. Election Campaign Fi			Financing	\$5.00 May Be Make Check Payable to			1	
	FEE IS \$61.25	Trust Fund Contribut	tion. 🗆 🔲	Added to Fees		nt of State	•	1
		<u> </u>			<u> </u>			J
10.	OFFICERS AND DIF		11.	, 	ANGES TO OFFICERS AND	DIRECTORS IN		-
TITLE	P	□ Delete	TITLE	P		🔯 Change	Addition	CR2E037 (10/00)
NAME	DEAN, RUSSEL W		NAME	Azalee Dug	ger			윤
STREET ADDRESS	9031 4TH AVE		STREET ADDRESS	1436 Bellshore Circle				337
CITY-ST-ZIP	JACKSONVILLE FL 32208		CITY-ST-ZIP		le, FL 32218			ĺΫ
TITLE	D	Calete	TITLE CON	D	,	Change	Addition	8
NAME	HICKEN, DAVID W.		NAME	Wayne Kell	ey			-
STREET ADDRESS			STREET ADORESS	515 East 6				
CITY-SY-ZIP"	JACKSONVILLE FL-32218		. CITY-ST-ZIP	Jacksonvil	le, FL - 322	08		
TITLE	D	☐ Delete	TITLE			Change	Addition	وحوسود أر
- NAME	MORRIS, MARIE		NAME					
STREET ADDRESS	8232 WHITE PLAINS RD		STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32208		CITY-ST-ZIP					-
TITLE	DISCOUR AZALEE	😡 Delsta	TITLE	\T .		Ç Change	Addition	
NAME	DUGGER, AZALEE	•	NAME STREET ADDRESS	Katherine	Kelley			
STREET ADDRESS (RT. 1 BOX 2350 GLENN ST. MARY FL 32040		CITY-SI-ZIP	515 East 6				ł
	GLENN ST. MART PL 32040		 	Jacksonvil	l e, FL ~ 32 20		C) carrier	1
TITLE		. Delete	TITLE			Change	Addition	[
NAME CORECT ADDRESS:			NAME STREET ADDRESS	ļ				ļ
STREET ADDRESS			STREET ADDRESS CITY+ST-2IP					1
CITY-ST-ZIP			}	ļ		—		}
TITLE		☐ Delete	TITLE			Change	Addition	1
NAME			NAME]]
STREET ADDRESS			STREET ADDRESS					\
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP	L	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	ļ
12 I hareby s		whice tillings along and or although the ti		ted in Contine 110 07/2\/i	Librida Chalidan 1 fiuther a	artifu that the ic	enemation	ı
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo	true and accurate and that my	signature shall h	lave the same legal effect	as if made under oath; that	I am an officer	or director	i