

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18334

1. Entity Name

SEBRING LIONS BREAKFAST CLUB, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90007 010 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1067 HAWTHORNE DRIVE  
SEBRING FL 33870  
US

7423 SPARTA RD  
SEBRING FL 33872-5591  
US

2. Principal Place of Business

3. Mailing Address

Cat House Restaurant

Suite, Apt. #, etc.

Suite, Apt. #, etc.

213 S. Circle Ave.

City & State

Sebring, FL 33870

Zip

Country

Zip

Country

4. FEI Number

23-7335690

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

RUTEY, MAX  
6750 US 27 N  
VILLA 5-A  
SEBRING FL 33870

Name

Riley, Max C.

Street Address (P.O. Box Number is Not Acceptable)

6750 US 27 N, V-3D

City

Sebring

FL

Zip Code  
33870

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	D HURNER, G T 1416 FIFTH AVE SEBRING FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, MAX 6750 US 27 NO, V-5A SEBRING FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENTON, JAMES 5071 STRAFFORD OAKS DR SEBRING FL 33872	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROHN, E. CHARLES 6750 US 27 NORTH V-5A SEBRING FL 33870-1263	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Paul Von Merveldt 3149 Shortwood Rd. Sebring, FL 33870	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Howerton, Carey P.O. Box 642 Sebring, FL 33871	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McKlin, Edith 328 Hemlock Ave. Sebring, FL 33870	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*E. Charles Rohn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)