

# **2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N18334

**FILED**  
**Sep 04, 2014**  
**Secretary of State**

**Entity Name:** SEBRING LIONS BREAKFAST CLUB, INC.

**Current Principal Place of Business:**

DOT'S RESTURANT  
950 SEBRING SQUARE  
SEBRING, FL 33870 US

**New Principal Place of Business:**

**Current Mailing Address:**

3149 SHORTWOOD RD.  
SEBRING, FL 33870 US

**New Mailing Address:**

6223 US HIGHWAY 27 NORTH. PMB 23  
SEBRING, FL 33870 US

**FEI Number:** 23-7335690

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RILEY, MAX  
6750 US 27 N  
VILLA-3D  
SEBRING, FL 33870 US

**Name and Address of New Registered Agent:**

LAUREL, THARPE  
4007 BRIARIDGE CIRCLE EAST  
SEBRING, FL 33870 US

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:** LAUREL THARPE

09/04/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** O  
**Name:** FRANCHIO, MICHAEL  
**Address:** 105 KAROLA DRIVE  
**City-St-Zip:** SEBRING, FL 33870 US

**Title:** D  
**Name:** RUSCHER, LINDA  
**Address:** 1319 NORTHWOOD BLVD.  
**City-St-Zip:** SEBRING, FL 33870 US

**Title:** D  
**Name:** VON MERVELDT, MARLENE B  
**Address:** 3149 SHORTWOOD RD  
**City-St-Zip:** SEBRING, FL 33870

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LAUREL THARPE

TREA

09/04/2014

Electronic Signature of Signing Officer or Director

Date