

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90704 039 \*\*\*\*61.25

**DOCUMENT # N18334**

1. Entity Name

**SEBRING LIONS BREAKFAST CLUB, INC.**



Principal Place of Business

**CAT HOUSE RESTAURANT**  
**213 S CIRCLE AVE**  
**SEBRING FL 33870**  
**US**

Mailing Address

**7423 SPARTA RD**  
**SEBRING FL 33872**  
**US**

2. Principal Place of Business

*Quality Inn Suites*

3. Mailing Address

*3149 Shortwood Rd*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Sebring, Florida*

City & State

*Sebring, Florida*

Zip

Country

Zip

Country

*33872*

*USA*

*33870*

*USA*

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **D LUCK, GINNY B**  
STREET ADDRESS **629 NE LAKEVIEW DRIVE**  
CITY-ST-ZIP **SEBRING FL 33870**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D VON MERVELDT, PAUL**  
STREET ADDRESS **3149 SHORTWOOD RD**  
CITY-ST-ZIP **SEBRING FL 33870**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D MCKLIN, EDITH**  
STREET ADDRESS **328 HEMLOCK AVE**  
CITY-ST-ZIP **SEBRING FL 33870**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D VON MERVELDT, MARLENE B**  
STREET ADDRESS **3149 SHORTWOOD RD**  
CITY-ST-ZIP **SEBRING FL 33870**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Max C Riley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-9-03 863-382-1252*

0088159

CR2E037 (10/02)