# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20296

1. Entity Name

ARLINGTON LIONS CLUB, INC.

**FILED**
**Feb 14, 2000 8:00 am**
**Secretary of State**
02-14-2000 90131 050 ****61.25

| Principal Place of Business | Mailing Address |
|---|---|
| 6523 COMMERCE ST<br>JACKSONVILLE FL 32211 | 6523 COMMERCE ST<br>JACKSONVILLE FL 32211-5441 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-0908738 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

DOVER, THOMAS
6523 COMMERCE STREET
JACKSONVILLE FL 32211

**7. Name and Address of New Registered Agent**

Name: JAMES RUBEL
Street Address (P.O. Box Number is Not Acceptable): 6523 COMMERCE STREET
City: JACKSONVILLE FL Zip Code: 32211

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: James Rubel JAMES RUBEL 2-5-00
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<br>LAMB, PETER<br>6523 COMMERCE ST<br>JACKSONVILLE FL 32211 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>THRIFT, DAVID SR<br>6523 COMMERCE STREET<br>JACKSONVILLE FL 32211 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>COY, DARWIN<br>6523 COMMERCE ST.<br>JACKSONVILLE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>CARR, JOHN<br>6523 COMMERCE ST.<br>JACKSONVILLE FL 32211 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>BEACH, ALVIN M<br>6523 COMMERCE STREET<br>JACKSONVILLE, FL 32211 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RUBEL, JAMES<br>2033 RALEY CREEK DRIVE S<br>JACKSONVILLE FL 32225 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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:** SIGN IN REQUIRED ALVIN M BEACH 2-5-00 904-737-6168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #