2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Jun 05, 2001 8:00 am
Secretary of State
03-29-2001 91009 047 ****70.00

DOCUMENT # N20296

1. Entity Name

ARLINGTON LIONS CLUB, INC.

Principal Place of Business	Mailing Address
6523 COMMERCE ST JACKSONVILLE FL 32211	6523 COMMERCE ST JACKSONVILLE FL 32211

[redacted]

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	7. Name and Address of New Registered Agent
RUBEL, JAMES 6523 COMMERCE STREET JACKSONVILLE FL 32211	Name: ALVIN M BEACH 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: Alvin M Beach ALVIN M BEACH 3-24-01
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 LAMB, PETER 6523 COMMERCE ST JACKSONVILLE FL 32211	☒ Delete	D WAYNE MANCIL 6523 COMMERCE STREET JACKSONVILLE, FL 32211	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COY, DARWIN 6523 COMMERCE ST. JACKSONVILLE FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BEACH, ALVIN M 6523 COMMERCE ST. JACKSONVILLE FL 32211	☒ Delete	D HAROLD J. SEIDEL 6523 COMMERCE STREET JACKSONVILLE, FL 32211	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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: Alvin M Beach ALVIN M BEACH 3-24-01 904-744-7844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #