

2000 UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT # N21176

1. Entity Name

GAINESVILLE LIONS CLUB, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

01-29-2000 90119 014 ****61.25

Principal Place of Business

2071 N.W. 21 LANE
 GAINESVILLE FL 32605
 US

Mailing Address

PO BOX 577
 GAINESVILLE FL 32602-0577

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

59-6153304

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

Name:

RICHARD M. LONG

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

5526 NW 27th ST.

City

GAINESVILLE

FL

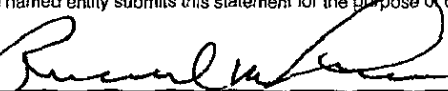
Zip Code

32653

MANASCO, RAYMOND O JR.
 2071 NW 21ST LN
 GAINESVILLE FL 32605

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

1/26/00

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 VD ☒ Delete
 NAME CRUM, ROY L
 STREET ADDRESS 1506 NW 14TH AVE.
 CITY-ST-ZIP GAINESVILLE FL

TITLE PRESIDENT ☐ Change ☒ Addition
 NAME ALICE C. LONG
 STREET ADDRESS 5526 NW 27th ST.
 CITY-ST-ZIP GAINESVILLE, FL 32653

TITLE VD ☐ Delete
 NAME HOLTON, ROBERT
 STREET ADDRESS 204 SPORTSMAN HARBOR DR
 CITY-ST-ZIP WELDKA FL 32193

TITLE DIRECTOR ☐ Change ☒ Addition
 NAME WILLIAM C. CLIFT
 STREET ADDRESS 9423 SW 8th AVE
 CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE S ☐ Delete
 NAME DIFRANCO, LINDA S
 STREET ADDRESS 1824 NW 6TH STREET
 CITY-ST-ZIP GAINESVILLE FL 32609

TITLE DIRECTOR ☐ Change ☒ Addition
 NAME BARBARA LOHR
 STREET ADDRESS 3105 NW 22nd PL
 CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE SD ☒ Delete
 NAME MANASCO, RAYMOND O
 STREET ADDRESS 2071 NW 21ST LN
 CITY-ST-ZIP GAINESVILLE FL

TITLE DIRECTOR ☐ Change ☐ Addition
 NAME WALTER LEE JR
 STREET ADDRESS 328 SW 110th AVE
 CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE VP ☐ Delete
 NAME WALTER, CARL C
 STREET ADDRESS 10947 NW 33RD PL
 CITY-ST-ZIP GAINESVILLE FL

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

TITLE T ☐ Delete
 NAME LONG, RICHARD M
 STREET ADDRESS 5526 NW 27TH STREET
 CITY-ST-ZIP GAINESVILLE FL 32653

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


 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/26/00 352-338-8061

Daytime Phone #