

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21176

1. Entity Name

GAINESVILLE LIONS CLUB, INC.

01-16-2002 90200 003 ***61.21
N21176

FILED
CLERK OF STATE
DIVISION OF CORPORATION

02 JAN 23 PM 1:35

Principal Place of Business

Mailing Address

2071 N.W. 21 LANE
GAINESVILLE FL 32605
US

PO BOX 577
GAINESVILLE FL 32602

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

LONG, RICHARD M
5526 NW 27TH ST
GAINESVILLE FL 32653

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME LONG, ALICE C
STREET ADDRESS 5526 NW 27TH ST
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE ☒ Change ☐ Addition
NAME LEONORA McGOWAN
STREET ADDRESS 5418 NW 20TH APT B
CITY-ST-ZIP GAINESVILLE, FL 32653

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

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

TITLE ☐ Delete
NAME DIFRANCO, LINDA S
STREET ADDRESS 1924 NW 6TH STREET
CITY-ST-ZIP GAINESVILLE FL 32609

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

TITLE ☐ Delete
NAME LEE, WALTER JR
STREET ADDRESS 328 SW 110TH TERR
CITY-ST-ZIP GAINESVILLE FL 32607

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

TITLE ☐ 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 ☐ 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
RICHARD M LONG 1/6/02 652-338-8061

CR2E037 (9/01)