

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

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90090 040 ****61.25

DOCUMENT # N21176

1. Entity Name

GAINESVILLE LIONS CLUB, INC.



Principal Place of Business

**2071 N.W. 21 LANE
GAINESVILLE FL 32605
US**

Mailing Address

**ARCHER RD. PO BOX 577
GAINESVILLE FL 32602**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ARCHER RD.

City & State

City & State

GAINESVILLE,

Zip

Country

Zip

Country

4. FEI Number **59-6153304**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LONG, RICHARD M -- (Deceased)
5526 NW 27TH ST
GAINESVILLE FL 32653**

Name

Rebecca M. Falmlen

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

3432 NW 12th St.

Gainesville

City

FL

Zip Code

32609

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

Rebecca M. Falmlen

Rebecca M. Falmlen, Treasurer

1/7/03

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 **P** ☐ Delete
NAME **MCGOWAN, LENORA**
STREET ADDRESS **5418 NW 20TH APT. B**
CITY-ST-ZIP **GAINESVILLE FL 32653**

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

TITLE **VD** ☐ 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 **S** ☐ 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 **D** ☐ 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 **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 **FALMLEN, REBECCA M.**
STREET ADDRESS **3432 NW 12th St.**
CITY-ST-ZIP **Gainesville, FL 32609**

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:

Rebecca M. Falmlen

1/7/03

(352) 264-6735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)