

2000 UNIFORM BUSINESS REPORT (UBR)

2/7/2000
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FILED
Aug 02, 2000 8:00 am
Secretary of State

02-07-2000 90016 023 ****61.25

DOCUMENT # N21256
1. Entity Name
METROPOLITAN LIONS CLUB OF JACKSONVILLE, INC.

Principal Place of Business Mailing Address
P. O. BOX 5768 P. O. BOX 5768
JACKSONVILLE FL 32247 JACKSONVILLE FL 32247-5768



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2926792** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WASSON, WILL H
6000 SAN JOSE BLVD.
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent
Name **BRIAN BABCOCK**
Street Address (P.O. Box Number is Not Acceptable)
4329 EAST WORTH DRIVE
JACKSONVILLE, FL 32207
City State **FL** Zip Code

Effective 3-1-2000

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 *Brian G. Babcock* DATE **5/11/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**
FILE NOW: FEE IS \$61.25 Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LEVEE, WILLIAM A 8443 FT CAROLINE RD JACKSONVILLE FL 32277 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARD A MUELLER 4734 EMPIRE AVE JACKSONVILLE FL 32207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLIAMS, ZACKERY 2600 PHILLIPS HWY. JACKSONVILLE FL 32207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WASSON, WILL H 6000 SAN JOSE BLVD., COND 1F JACKSONVILLE FL 32217 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRIAN BABCOCK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4329 EAST WORTH DRIVE JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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: *William A. Levee* DATE **2-2-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #