

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90037 014 ****61.25

DOCUMENT # N21256

1. Entity Name

METROPOLITAN LIONS CLUB OF JACKSONVILLE, INC.

Principal Place of Business

P. O. BOX 5766
 JACKSONVILLE FL 32247

Mailing Address

P. O. BOX 5766
 JACKSONVILLE FL 32247

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

59-2926792

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BABCOCK, BRIAN
~~4329 FORT WORTH DRIVE~~
JACKSONVILLE FL 32207

Name

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

4329 WORTH DRIVE EAST

City

JACKSONVILLE

FL

Zip Code

32207

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: PRES
 NAME: LEVEE, WILLIAM A
 STREET ADDRESS: 8443 FT CAROLINE RD
 CITY-ST-ZIP: JACKSONVILLE FL 32277
 Delete

TITLE: PLGS
 NAME: MICHAEL J. BECK
 STREET ADDRESS: 4800 SADDLEHORN TRAIL
 CITY-ST-ZIP: MIDDLEBURG, FL 32068
 Change Addition

TITLE: D
 NAME: EDWARD A MUELLER
 STREET ADDRESS: 4734 EMPIRE AVE
 CITY-ST-ZIP: JACKSONVILLE FL-32207
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: VPD
 NAME: WILLIAMS, ZACKERY
 STREET ADDRESS: 2600 PHILLIPS HWY.
 CITY-ST-ZIP: JACKSONVILLE FL 32207
 Delete

TITLE: VPD
 NAME: JAN NABORS
 STREET ADDRESS: 2734 RACHAEL STREET
 CITY-ST-ZIP: FERNANDINA BEACH, FL 32034
 Change Addition

TITLE: TD
 NAME: WASSON, WILL H
 STREET ADDRESS: 6000 SAN JOSE BLVD., COND 1F
 CITY-ST-ZIP: JACKSONVILLE FL 32217
 Delete

TITLE: TD
 NAME: BRIAN A. BABCOCK
 STREET ADDRESS: 4329 WORTH DRIVE
 CITY-ST-ZIP: JACKSONVILLE, FL 32207
 Change Addition

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

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: *Brian A. Babcock*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/2001 904-396-7763
 Date Daytime Phone #

CR2E037 (10/00)