

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

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

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

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

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

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

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

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

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

3/22/2001 904-396-7763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)