

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22264

1. Entity Name

SATELLITE BEACH LIONS CLUB, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90083 031 ****61.25

Principal Place of Business

Mailing Address

%KENNETH N. JACOBY, PA
1423 SOUTH PATRICK DRIVE
INDIAN HARBOUR BEACH FL 32937

P.O. BOX 372610
1423 SOUTH PATRICK DRIVE
SATELLITE BEACH FL 32937-4315
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2996902

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

JACOBY, KENNETH N.
1423 SOUTH PATRICK DRIVE
INDIANA HARBOUR BEACH FL 32937

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 VPD ☐ Delete
NAME GASAWAY, MARIAN
STREET ADDRESS 106 N. OSCEOLA DRIVE
CITY-ST-ZIP INDIAN HARBOUR BCH FL 32937

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

TITLE S ☐ Delete
NAME PIKE, ARLENE
STREET ADDRESS 106 CHRISTINE CIRCLE
CITY-ST-ZIP SATELLITE BEACH FL 32937

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

TITLE PD ☐ Delete
NAME CARR, BARBARA
STREET ADDRESS 2198 ROCKWELL DR
CITY-ST-ZIP MELBOURNE FL

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

TITLE VPD ☐ Delete
NAME COCHIE, STEVE
STREET ADDRESS 415 LEE STREET
CITY-ST-ZIP SATELLITE BCH FL

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

TITLE T ☐ Delete
NAME PIKE, DONALD
STREET ADDRESS 106 CHRISTINE CIRCLE
CITY-ST-ZIP SATELLITE BEACH FL 32937

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

TITLE VPD ☐ Delete
NAME JENKINS, MYRNA
STREET ADDRESS 564 GRANT AVE
CITY-ST-ZIP SATELLITE BEACH FL 32937

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:

Donald Pike
DO NOT SIGN HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/2000

321 773 8354

CR2E037 (9/99)