

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90227 025 ****61.25

DOCUMENT # N22264

1. Entity Name

SATELLITE BEACH LIONS CLUB, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Satellite Beach Lions Club

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 372610

City & State
Satellite Beach, FL

City & State

Zip
32937

Country
Brevard

Zip

Country

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

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

7. Name and Address of New Registered Agent

Name

Anthony N. Brimo

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

1413 S. Patrick Drive, Ste. 4

Satellite Beach

City

FL

Zip Code

32937

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

Anthony N. Brimo
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-01

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

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

☒ Delete
Do not
Delete

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

☐ Delete

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

☒ Delete

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

☒ Delete

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

☐ Delete

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

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
COCHIE, STEVE
415 Lee Street
Satellite Beach, FL

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Pike, Arlene
106 Christine Circle
Satellite Beach, FL

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
Pike, Donald
106 Christine Circle
Satellite Beach, FL

☒ Change ☐ Addition

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:

Anthony N. Brimo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01

321 773 8354

Date

Daytime Phone #

CR2E037 (10/00)