

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22264

Entity Name

SATELLITE BEACH LIONS CLUB, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90166 011 ****61.25

Principal Place of Business

SATELLITE BEACH LIONS CLUB
BOX 312610
DIAN HARBOUR BEACH FL 32937

Mailing Address

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

Principal Place of Business

PO Box 372610

3. Mailing Address

P.O. Box 372610

Suite, Apt. #, etc.

SATELLITE BCH. FLORIDA

Suite, Apt. #, etc.

SATELLITE BCH FLORIDA

City & State

32937 U.S.A.

City & State

32937 U.S.A.

Zip

Country

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

BRIMO, ANTHONY N
1413 S. PATRICK DR., STE 4
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent

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

TITLE PD
NAME COCHIE, STEVE
STREET ADDRESS 415 LEE ST.
CITY-ST-ZIP SATELLITE BEACH FL ☐ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE SD
NAME MURIEL MARQUARDT
STREET ADDRESS 192 RIVER WALK DRIVE
CITY-ST-ZIP MELBOURNE BEACH FL 32951 ☒ Change ☐ Addition

TITLE TD
NAME TODD WILLIAMS
STREET ADDRESS 810 SHOSHONI TRAIL
CITY-ST-ZIP P.A.F.B FL 32925 ☒ 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 ☐ 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:

Signature of Registered Agent
STEVEN B. COCHIE

STEVEN B. COCHIE-5-02

730-6273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)