2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State
02-06-2002 90027 042 ****70.00

DOCUMENT # N23318

1. Entity Name

ARLINGTON LIONS CLUB HOLDING CORPORATION

Principal Place of Business	Mailing Address
ARLINGTON LIONS CLUB HOLDING CORP. 6523 COMMERCE STREET JACKSONVILLE FL 32211 US	ARLINGTON LIONS CLUB HOLDING CORP. 6523 COMMERCE STREET JACKSONVILLE FL 32211 US

DO NOT WRITE IN THIS SPACE

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 59-1850939 APPLIED FOR ☐ 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
MAYS, PRESTON H 6523 COMMERCE ST JACKSONVILLE FL 32211	Name: MITCHELL N. KOWKABANY Street Address (P.O. Box Number is Not Acceptable): 6523 COMMERCE ST City: JACKSONVILLE FL Zip Code: 32211

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: Mitchell N Kowkabany MITCHELL N. KOWKABANY 1/15/02
(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 / STREET ADDRESS / CITY-ST-ZIP	PD MAYS, PRESTON H. 6523 COMMERCE ST JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MITCHELL N. KOWKABANY 6523 COMMERCE ST JACKSONVILLE, FL 32211	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOWARD, PARKER 6523 COMMERCE ST JACKSONMVILLE FL 32211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mitchell N Kowkabany New registered agent	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KOWABANY, MITCHELL 6523 COMMERCE ST JACKSONVILLE FL 32211	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY STAN CRENN 6523 COMMERCE ST JACKSONVILLE 32211	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LAKE, MILO G 6523 COMMERCE ST JACKSONVILLE FL 32211	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER SAM COSTELLO 6523 COMMERCE ST JACKSONVILLE 32211	☒ Change ☐ Addition
TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	D 12210 SPRINGMOOR COURT FOR (DON'T) EWING, LARRY 6523 COMMERCE ST JAX, FL DELETE JACKSONVILLE FL 32211 3225 (SAME)	☒ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANCIS PRESCOTT 10318 DEBUTANTE DR S JACKSONVILLE, FL 32246	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERT ELLIOTT 373 TIDEWATER CIRCLE E. JACKSONVILLE, FL 32211	☐ Change ☒ Addition

CR2E037 (9/01)

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 REQUIRED Mitchell N Kowkabany MITCHELL N. KOWKABANY 1/15/02 904-724-0722 904-607-1685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #