2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

City & State

Zip

DOCUMENT # **N23318**

1. Entity Name

City & State

Zip

ARLINGTON LIONS CLUB HOLDING CORPORATION

Country

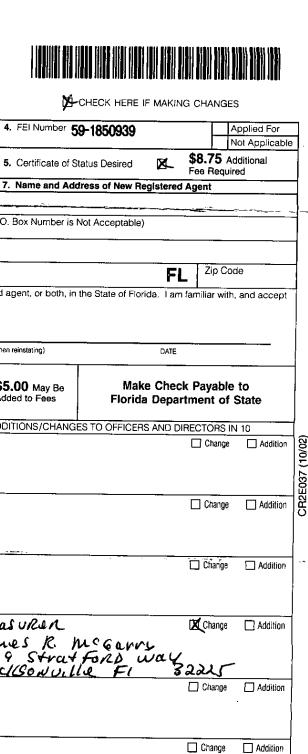


Principal Place of Business Mailing Address ARLINGTON LIONS CLUB HOLDING CORP. ARLINGTON LIONS CLUB HOLDING CORP. 6523 COMMERCE STREET 6523 COMMERCE STREET JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 US 2. Principal Place of Business 3. Mailing Address AS ABOUL Abose QS Suite, Apt. #, etc. Suite, Apt. #, etc.

6. Name and Address of Current Registered Agent

FILED Jan 14, 2003 8:00 am Secretary of State

01-14-2003 90076 014 ****70.00



KOWKABANY, MITCHELL N Street Address (P.O. Box Number is Not Acceptable) 6523 COMMERCE ST JACKSONVILLE FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE NAME KOWKABANY, MITCHELL N NAME STEET ADDRESS 6523 COMMERCE ST STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32211 CITY-ST-ZIP ☐ Delete TITLE HOWARD, PARKER NAME NAME STREET ADDRESS 6523 COMMERCE ST STREET ADDRESS CITY-ST-ZIP JACKSONMVILLE FL 32211 CITY-ST-ZIP ☐ Delete GRENN, STAN NAME NAME STREET ADDRESS 6523 COMMERCE ST STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32211 CITY-ST-ZIP Delete TITLE TReasuran COSTELLO, SAM NAME NAME James R. McGarry 4269 Strat Ford Was 6523 COMMERCE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Jacksonville FL 32211 CITY-ST-ZIP ☐ Delete TITLE **EWING, LARRY** NAME NAME 12210 SPRINGMORE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32211 CHY-ST-7IP TITLE ☐ Delete TITLE PRESCOTT, FRANCIS D NAME NAME STREET ADDRESS 10318 DEBUTANTE DR S STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32246 CITY-ST-ZIP

Country

Name

I hereby certify that the information supplied with this filing does not quality 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

QUAMES RM Garry 1/9/03