

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23942

1. Entity Name

LIONS CLUB OF ST. PETERSBURG EVENING, INC.

Principal Place of Business

C/O HAROLD L. HAMACHER  
4018 HELENA STREET, N.E.  
ST. PETERSBURG FL 33703-6034

Mailing Address

C/O HAROLD L. HAMACHER  
4018 HELENA STREET, N.E.  
ST. PETERSBURG FL 33703-6034

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

59-6170080

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

HAMACHER, HAROLD L.  
4018 HELENA STREET, N.E.  
ST. PETERSBURG FL 33703-6034

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 D  
NAME GRASSO, PETE S  
STREET ADDRESS 3044 28TH AVENUE, NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33713 ☐ Delete

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

TITLE D  
NAME WALDMANN, FREDERICK A.  
STREET ADDRESS 1824 MEADOW LANE  
CITY-ST-ZIP CLEARWATER FL 34624 ☐ Delete

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

TITLE D  
NAME COX, DONALD  
STREET ADDRESS 3611 SEA ROBIN DR., S.E.  
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

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

TITLE PD  
NAME DURNING, EILEEN  
STREET ADDRESS 2425 19TH ST N  
CITY-ST-ZIP ST. PETERSBURG FL 33713 ☐ Delete

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

TITLE SD  
NAME HAMACHER, HAROLD  
STREET ADDRESS 4018 HELENA STREET, NE  
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

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

TITLE TD  
NAME CROSTHWAITE, JOHN  
STREET ADDRESS 8139 ELBOW LANE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
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.

John S. Crosthwaite, Jr. Treasurer

January 19, 2000  
727-343-6516

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)